UNIVERSITY OF ALBERTA

SHAME AND THE PROCESS OF REBUILDING

BY

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ABSTRACT

While shame plays a vital role in psychosocial functioning and development, it has also been implicated in a number of mental health problems such as depression, suicidal behaviour, and posttraumatic stress disorder. Given the potentially debilitating impact of shame on adjustment, an understanding of how individuals cope with this emotion is essential. The purpose of this study was to develop a theory of how adults recover from significant shame experiences, based on the perspective of individuals who recalled events or situations that elicited intense feelings of shame. The participants were 9 women and 4 men between the ages of 24 and 70 (mean age 40.2 years old), from diverse cultural backgrounds. Data came from interviews in which participants provided retrospective accounts of their shame experience and recovery processes. The study relied upon grounded theory methodology. In keeping with grounded theory, data collection and analysis occurred simultaneously, using theoretical sampling and the constant comparative method. From the analysis of participants' accounts, shame is conceptualized as an Assault on the Self, where the individual's self-concept, social connection, and sense of power and control come under attack. Shame is associated with negative self-judgment along with feelings of exposure, self-doubt, powerlessness, anger/self-blame, and the impulse to hide. In the theory that was created to explain the recovery process, individuals engage in a process of self-reconstruction or ***Rebuilding of the Self***, marked by five interrelated sub-processes, including: *Connecting*, *Refocusing*, *Accepting*, *Understanding*, and *Resisting*. Through rebuilding, the individual's self-concept, social connection, and sense of power and control are enhanced. Based on the current findings, counselling interventions aimed at the resolution of shame should focus

on: (a) building clients' social support system; (b) encouraging clients to engage in self-enhancing behaviours, goals, and interests; (c) helping clients to face, process, and accept their emotions; (d) facilitating clients' understanding, meaning making, and externalization of self-blame; and (e) strengthening clients' resistance to future assaults on the self.

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CHAPTER ONE: INTRODUCTION

The study of emotions has gained much ground over the past few decades, with emotion now taking its place alongside behaviour and cognition as a major focus of social science research. Emotions are recognized as a key dimension of the psychological, social, and neurobiological processes that organize human life (Izard, 1991; Kavanaugh, Zimmerberg, & Fein, 1996; Oatley, 1999; Siegel, 1999). Yet despite the burgeoning literature in the field, research on emotions is still in its infancy. Nowhere is this more apparent than in the study of shame. As several researchers have noted, shame is often avoided and neglected in the discourse of modern societies (Frijda & Mesquita, 1994; Harrington, 1992; Kaufman, 1989; Scheff, 1997b). In recent years, however, this has started to change. Shame is finally in the spotlight as researchers and clinicians are beginning to discover the central role of this emotion in human development and psychosocial functioning.

In the field of psychology, shame has been implicated in a wide range of mental health problems, such as depression (Allan, Gilbert, & Goss, 1994; Andrews, Qian, & Valentine, 2002; Harder, 1995; O'Connor, Berry, & Weiss, 1999; Tangney, Wagner, & Gramzow, 1992), suicide (Hastings, Northman, & Tangney, 2000; Lester, 1998; Mokros, 1995), and post-traumatic stress disorder (Lee, Scragg, & Turner, 2001; Leskela, Dieperink, & Thuras, 2002; Stone, 1992). Along with the intensely painful feelings, thoughts, and sensations associated with shame, individuals experience an overwhelming impulse to hide or withdraw from social contact (Katz, 1997; H. B. Lewis, 1971, 1987a, 1987b; Lindsay-Hartz, 1984; Lindsay-Hartz, de Rivera, &

Mascolo, 1995). This can result in social isolation and prevent individuals from accessing the social supports that are critical for moderating psychological distress (Lee et al., 2001; Stone, 1992; van der Kolk & McFarlane, 1996).

Given the impact of shame on mental health and social functioning, an understanding of the processes by which individuals rebound from this emotion is critical. However, research in this area is lacking. The purpose of this study was to develop a theory of how adults recover from significant shame experiences, based on the perspective of individuals who recalled events or situations that elicited intense feelings of shame (hereafter referred to as a *shame experience*, *shame event*, or *shame situation*). In developing such a theory, my hope is that this study will contribute to our understanding, stimulate future research, and provide a conceptual framework that can help inform counselling practice.

General Description of the Study

The primary research question in this study was: How do adults recover from significant experiences of shame? The theory that was created was grounded in the experiences and perspectives of the research participants and addressed the following two sub-questions: What is the experience of shame from the perspective of the participants? What processes are involved in recovering from a significant shame experience? A "significant experience of shame" meant a situation or event that, from participants' perspectives, was associated with significant distress. The meaning of "recovery" also depended on participants' point of view but in all cases involved a perceived lessening of shame since the initial situation or event.

The study relied upon grounded theory methodology and methods, as this form of qualitative research is particularly appropriate for developing theories that focus on human change processes (Chenitz & Swanson, 1986; Creswell, 1998; Glaser, 1992; Glaser & Strauss, 1967; McLeod, 2001; Strauss & Corbin, 1998). Data originated from participant interviews of adults who disclosed situations and events that, from their perspective, had produced significant feelings of shame. Consistent with grounded theory, data collection and analysis occurred simultaneously. Analysis involved coding the data into conceptual categories, refining and comparing categories to determine their relationship to one another, and linking the categories into a theoretical framework that explains how individuals recover from shame experiences.

Overview of Contents

In the next chapter, I review the existing literature on shame, contextualized within the field of emotions. In particular, I discuss what emotions are and review several major theories of emotion. The review then covers: (a) theoretical perspectives on the origins, functions, and dynamics of shame; (b) what shame is, how it is experienced and expressed, in what types of situations it arises, and how it compares to similar but distinct emotions, such as guilt and embarrassment; and (c) current research on the relationship between shame and psychological problems, with particular emphasis on depression, suicide, and posttraumatic stress disorder.

Chapter three covers the methodology and methods used for this study, including discussions of grounded theory and its philosophical underpinnings;

selection criteria, recruitment, and characteristics of participants; data collection and data analysis methods and procedures; trustworthiness issues; and ethical considerations. The chapter includes a discussion of my initial biases, beliefs, and assumptions related to shame, as well as my process as a researcher in this project.

The fourth chapter begins with brief vignettes of participants' shame experiences followed by an analysis of the experience of shame. These provide the context for the remainder of the chapter, in which I present a grounded theory of the recovery process. The theory is framed within a core category—*Rebuilding of the Self*—and five related sub-categories: *Connecting*, *Refocusing*, *Accepting*, *Understanding*, and *Resisting*.

In the final chapter, I summarize the theory and discuss it within the context of existing research and theory. I then discuss the implications of the findings for counselling practice. The chapter ends with a discussion of considerations and implications for future research.

CHAPTER TWO: LITERATURE REVIEW

What Are Emotions?

The task of defining emotion is not an easy one, as there are as many definitions of emotion as there are theories of emotion. To add to the difficulty, many researchers and clinicians use emotion synonymously with the terms *affect* and *feeling*, while some regard these as distinct terms (Izard, 1971; Nathanson, 1987, 1992; Parrott, 2001; Plutchik, 1989). Nathanson (1987, 1992), for example, uses the term *affect* to refer to biological events, *feeling* to indicate awareness of an affect, and *emotion* as a combination of affect with the memories and associations related to past experience. In addition, an emotion word is sometimes used to describe a state (e.g., "He is angry"), while at other times it is used to denote a proneness or dispositional tendency to be in a particular state (e.g., "He is an angry person"). This is typically referred to as the "state-trait distinction" (Parrott, 2001; Plutchik, 1989; Tangney & Dearing, 2002; Whissell, 1989). However, as Whissell (1989) notes, the dividing line between states and traits is not always clear. Plutchik (1989), for example, regards personality traits as aggregates of mixed emotional states.

Despite the lack of consensus on how to define emotion, the research literature does appear to converge toward a view of emotion as a *process* involving both experience and expression. As Parrott (2001) states, emotions are not static phenomena but are comprised of specific mental, bodily, behavioural, and social phenomena that develop over time. Where theorists differ is in their explanations of how these components of emotion are related, which will become apparent in the review of the main theoretical perspectives on emotion.

Emotions can also be part of what some researchers refer to as an *emotion episode*. Gross (1998) states that while emotions usually occur over a short period of time, emotion episodes are more extended in time in space. Emotion episodes are "adaptational encounters" that involve changes in posture, facial movements, tone of voice, verbal expression, experience, autonomic responses, social context, consequences, and ongoing social interactions (p. 273). Parrott (2001) states:

> Certain everyday emotion concepts seem to have the idea of dynamic change built into them. "Grief" and "jealousy" for example, often suggest a sequence of reactions that coheres by forming a narrative about a response to an initial cause. Psychologists sometimes distinguish these complex, emotional chain reactions from simpler, single-reaction emotions, by referring to the former as "emotional episodes" and the latter as "emotions." (p. 4)

The concept of emotion episodes ties in with the present study where the focus is not on momentary or fleeting experiences of shame but on shame that unfolds as part of a complex and dynamic process of adaptation and change. Throughout this document, I have used the terms *shame event*, *shame situation*, and *shame experience* to refer to shame in the broader context of shame-eliciting situations or incidents in the individual's life.

In the remainder of this document, the term *feeling* is used to refer to the subjective experiences associated with an emotion rather than aspects of emotional expression. Occasionally, the term *affect* is used as a synonym for emotion in order to be consistent with a particular theorist's use of the term (e.g., Tomkins' "affect theory"; Tomkins, 1962, 1963).

Theories of Emotion

To understand how theorists have explained the origins, functions, and dynamics of shame, it is important to situate shame within a broader context of theories of emotion. These theories can be grouped into four conceptual frameworks: biological and psycho-evolutionary perspectives, attachment perspectives, cognitive and attributional perspectives, and sociocultural perspectives. Although these perspectives differ in many of their underlying assumptions, there is considerable overlap between them. Together, they contribute to a multi-dimensional understanding of emotion.

Biological and Psycho-Evolutionary Perspectives on Emotion

A key premise of biological and psycho-evolutionary perspectives of emotion is that emotions are universal and innate. As first postulated by Charles Darwin in *The Expression of the Emotions in Man and Animals* (1872/1998), emotions are believed to have evolved as part of humans' biological inheritance in order to meet basic survival needs. This position is taken up by Plutchik (1980, 1989) who regards emotions as psycho-evolutionary adaptations that activate basic behavioural strategies aimed at increasing the organism's chances of survival. Plutchik as well as many other researchers have attempted to identify a basic set of primary emotions from which other more complex emotions are derived (e.g., Ekman, 1984; Izard, 1971;

Tomkins, 1962, 1963). Many of these efforts have centered on the study of facial displays, vocalizations, and nonverbal gestures found across cultures and that are believed to correspond to basic internal states. Ekman and his colleagues (Ekman, 1984; Ekman, Friesen, & Ancoli, 1980; Keltner & Ekman, 2000) suggest that there are seven universal emotions, including happiness, fear, surprise, anger, disgust, sadness, and contempt. Izard (1971, 1977) identifies eight fundamental emotions, including interest, joy, surprise, distress, disgust, anger, shame, and fear. Tomkins (1962, 1963) identifies nine basic affects, with most existing on a continuum from mild to intense: interest-excitement, enjoyment-joy, surprise-startle, fear-terror, distress-anguish, anger-rage, shame-humiliation, contempt-disgust, and dissmell. As these lists demonstrate, there is no clear consensus about which emotions are basic.

Attachment Perspectives on Emotion

In attachment theories of emotion, the focus is on the role of emotions in attachment relationships throughout the life span, beginning with the primary attachment bond between the infant and caregiver. Of particular interest to researchers in this area is how emotions, as first communicated in the infant-caregiver dyad, influence emotional regulation, social behaviour, personality development, and other areas of growth and functioning (Schore, 1994, 1998; Siegel, 1999; Sroufe, 1984; Trevarthan, 1984). Trevarthan (1984) states that within the first few weeks of the infant's birth, both the infant and caregiver perceive, mirror, and stimulate emotional experience and expression in each other, primarily through face-to-face interactions and vocalizations. This mutual reciprocal influence process forms the basis for cooperative social behaviours and social interactions later in life. Sroufe (1984) and Schore (1994, 1998) suggest that the communication of emotions, as expressed in the face-to-face interactions of the infant and caregiver, helps the infant tolerate increasing levels of arousal and maintain organized behaviour in the face of such arousal. Thus emotions serve the essential developmental task of increasing the infant's ability to regulate tension, first with the caregiver and later on the infant's own. Schore (1994, 1998) further contends that these patterns of emotional interaction are required for brain maturation and neurobiological development. He argues that during critical periods of the infant's development, the intense affects generated through infant-caregiver interactions trigger neurological and hormonal changes that promote the growth of the prefrontal cortex, orbitofrontal cortex, and prefrontal-limbic circuits. These areas of the brain are believed to play a vital role in the experience and regulation of emotions.

Cognitive and Attributional Perspectives on Emotion

In cognitive and attributional theories of emotion, cognition is seen as playing a fundamental role in the experience of emotion. Schachter and Singer (1962) paved the way for this approach with their "two-factor" theory which posits that emotion requires both physiological arousal and cognitions or interpretations of the aroused state. Cognitions serve as the framework within which physical sensations are labelled and understood. Similarly, Mandler (1984) regards emotions as resulting from the perception of autonomic nervous system arousal combined with the meaning analysis or cognitive interpretations of external events and one's own behaviour.

Physiological arousal sets the *quantitative* dimension of emotional experience, whereas meaning analysis determines the particular *quality* of the emotion. Ortony and Turner (1990) argue that emotions do not exist as distinct entities in themselves but are assemblies of elements such as appraisals, actions tendencies, desires, sensations, and physiological responses. Differences in appraisals result in new sets of response components that are assembled to produce a distinct emotion. For Frijda, (1988, 2000), emotions emerge in response to situations and events that relate to the individual's goals, motives, or concerns and that have meaning and importance for the individual. Emotions are involuntary impulses or "states of action readiness" that prepare the individual to respond to his or her needs (2000, p. 63). Lazarus (1991; Smith & Lazarus, 1993) regards emotions as the products of appraisal and as the key means by which individuals are mobilized to avoid, minimize, or alleviate an appraised harm or to seek, maximize, or maintain an appraised benefit.

Sociocultural Perspectives on Emotion

Theories from a sociocultural framework emphasize the cultural relativity of emotions and explore the ways in which emotions are shaped by one's social environment and cultural context. In *social constructionist* models, emotions are seen as being a product of the meaning structures, values, attitudes, moral judgments, rules of behaviour, and linguistic practices of the society or culture in which the individual is situated (Averill, 1996; Harré, 1986; Parrott, 2001). Frijda and Mesquita (1994) highlight the role of the social environment in providing the emotional meanings of objects and events. The social environment also regulates emotion by giving feedback on which emotions are tolerated and which are taboo. Averill (1996) regards most emotions as socially constructed products of human creativity rather than biologically-determined survival mechanisms. In his view, emotions are cultural symbols of thought and behaviour. For Harré (1986), emotions are part of socially scripted "dramatic scenarios" or cultural narratives that specify how people are to respond in various social situations. Fridlund and Duchaine (1996) see facial expressions as being social constructions aimed at serving the social motives of the individual. Unlike biological views which argue for the innateness of facial expressions, Fridlund and Duchaine assert that facial displays can only be understood and interpreted in the context of social interaction. Markus and Kitayama (1994) view emotions as being determined by one's "cultural framework," which includes a group's values and attitudes toward emotions. Cultural frameworks encompass an understanding of what emotions are, why they are experienced, and how, when, where, and what emotions occur and in which contexts.

Mesquita and his colleagues (Mesquita & Frijda, 1992; Mesquita, Frijda, & Scherer, 1997) argue that global statements about either the cultural determination of emotion or the cross-cultural universality of emotion are inappropriate. They cite evidence in support of both positions and suggest that emotion appears to be a product both of cultural and innate factors. On one hand, cultures do appear to differ in their display rules and feeling rules (i.e., rules pertaining to how emotions are expressed and experienced), in the frequency and salience of particular behaviours and appraisals related to the emotion, and in their linguistic emotion vocabularies.

Not only can the meaning of an event vary across cultures, but cultures may also differ in the kinds of events that carry a particular meaning. On the other hand, there appear to be consistent cross-cultural similarities in emotional responses (e.g., facial expressions, voice intonations, physiological reactions, impulses, and behaviours) and in the types of events that elicit responses. For example, humans appear to be universally sensitive to loss of loved ones and rejection by valued members of one's group.

Self-Conscious Emotions and Theories of the Self

In emotions theory, the term *self-conscious emotions* has been used by theorists to refer to a category of emotions, such as shame, embarrassment, guilt, and pride, where the individual's attention and awareness are focused on the self (Fischer & Tangney, 1995; Leary, 2004; M. Lewis, 2000; Tracy & Robins, 2004). Fischer and Tangney (1995), who regard self-conscious emotions as the most "social" of all emotions, state that these emotions "are founded in social relationships, in which people not only interact but evaluate and judge themselves and each other" (p. 3). For example, shame occurs in a social context and arises from one's experience of negative judgments by others or oneself about one's character. M. Lewis (2000) argues that what distinguishes self-conscious emotions from other emotions is that the former require complex cognitive processes involving the self. It is the ability for self-reflection as well as with the capacity to evaluate oneself against internalized social standards, rules, or goals that figure most prominently in the self-conscious emotions. Similarly, Tracy and Robins (2004) suggest that self-conscious emotions are distinctive in that they require the ability for self-directed attention, for self-representation, and for generating attributions about the self. Beer and Keltner (2004), however, suggest that "it is more likely the case that varying degrees of self-directed attention and different attributions alter the intensity, quality, and content of many different emotions" (p. 15).

With the self being at the center of self-conscious emotions, an understanding of how the self has been defined and conceptualized in theories of the self is important. Since William James (1890/1950) first introduced the distinction between the self as subject and knower (the "I" self) and the self as the object of one's knowledge (the "Me" self), psychological definitions of the self have abounded, to the point where Leary and Tangney (2003) have described the field of self theory as a "conceptual morass" (p. 7). As Leary and Tangney note, the word *self* has been used as a synonym for *person*, as part of an individual's personality, as experiencing subject, as the beliefs that individuals hold about themselves, or as a person's agentic or executive function.

Despite the conceptual confusion surrounding the use of the term *self*, in the past decade many researchers have converged upon theories of self that focus on the self's dynamic, agentic, and interpersonal nature (Mischel & Morf, 2003). For example, Mischel and Morf (2003) describe the self as a "cognitive-affective-action system" that continually constructs itself through interactions with the social world. The self is motivated by the need to protect and assert itself, and it initiates actions based on self-relevant meanings and goals. Similarly, Sedikides and Skowronski

(2000) regard the self as a generator and regulator of thoughts, feelings, and actions, motivated by the need to ensure the individual's survival and promote the individual's standing in his or her social group. Baumeister (1998) also emphasizes the executive function of the self, as reflected in the self's ability to make choices, take action, and regulate its own behaviour. The self's executive function co-exists with its reflexive consciousness, or the ability of the "I" to perceive and reflect on the "me," and with the self's interpersonal aspect, which develops through social interactions and constructs roles and relationships that help shape the individual's identity.

Furthermore, with the increasing attention that emotions have been receiving in the social sciences, most recent self theories recognize a strong relationship between the self and emotions. The specific nature of this relationship, however, is subject to some debate. In particular, theorists have diverged in their answers to the question of whether emotions are part of the self or whether they are best considered part of a system linked to the self yet distinct from it.

Leary (2003), who defines the self as the ability to regard oneself as the object of one's awareness, points to the self's ability to evoke emotion by reacting to real or imagined events that pertain to the self. Events that support a favourable view of self often elicit positive emotions, while events that undermine one's positive self-image tend to produce negative emotions. Reciprocally, emotions can impact the self by influencing where individuals focus their attention, how they make decisions, and how they perceive themselves. However, Leary argues, although the self and emotions reciprocally influence each other, they are distinct, and emotions should not be considered part of the self.

Haviland-Jones and Kahlbaugh (2000) hold a radically different perspective on the relationship between emotions and the self. In their view, emotions actually *create* the self by serving as the metaphorical glue that binds together chunks of experience, thoughts, and autobiographical memories into a unity that is the self. Emotions work through processes of *magnification* and *resonance*. Specifically, emotion "attracts the self to new experiences because it seeks out and recognizes a familiar or meaningful emotional signature, and it connects separate experiences that share emotional processes, providing meaning and value to experience" (p. 294).

Greenberg and his colleagues (Greenberg & Paivio, 1997; Greenberg, Watson, & Goldman, 1998; Whelton & Greenberg, 2005) also regard emotion as being central to the experience of self, through the operation of *emotion schemes*. An emotion scheme is an internal organization constructed from biological processes and past experience, interacting with each other and with the current situation to produce one's present experience. As Whelton and Greenberg (2005) write, emotion schemes "synthesize affective, cognitive, motivational, and motoric information, producing an experience that is unified, a sense of oneself in relation to the world" (p. 1585).

In the present study, I have adopted a definition of self that recognizes the affective nature of the self along with its cognitive/reflexive, motivational, agentic, and interpersonal components. The self is an evolving biopsychosocial system forged through the alchemy of emotion, thought, motivation, biology, action, relationships, and the sociocultural context. Emotions, in my view, are an inextricable part of the fabric of the self. One can no more speak of a self without emotions (or any of the self's other components, for that matter) than one can conceptualize a human body without its vital organs. Emotions are part of the self's organization and unique character. They shape and are reciprocally shaped by the dynamics of the self.

Self-concept, identity, and self-esteem are central concepts related to the self. Many theorists use the terms *self-concept* and *identity* synonymously as the answer to the question: Who am I? (e.g., see Buss, 2001). While I agree that both terms do address this question, I also regard identity as a component of self-concept. Specifically, I define self-concept as the totality of beliefs, images, and evaluations that individuals hold about themselves (Baumeister, 1997; Campbell, Assanand, & Di Paula, 2000; Stets & Burke, 2003). Identity is the part of self-concept that is socially defined and refers to the social roles, positions, and relationships that one occupies as well as one's awareness of these roles, positions, and relationships (Baumeister, 1997; Stets, 2004; Stets & Burke, 2004; Stryker, 2004). Some theorists distinguish between *personal* identity and *social* identity. For example, Buss (2001) defines personal identity as "the sense of being different from everyone else in appearance, behaviour, character, or personal history," and social identity as "knowing oneself to be a member of a nation, religion, race, vocation, or any other group that offers a sense of belonging to something larger than oneself" (p. 358). Social identity, as Buss uses the term, corresponds to my own use of the term *identity*, while personal identity would be subsumed under my use of the term *self-concept*. In addition, I use the term *self-esteem* to refer to the individual's evaluation of self-worth. As part of the individual's self-concept, self-esteem answers the question: "How worthwhile am I?" (Buss, 2001).

Theories of Shame

Biological and Evolutionary Perspectives on Shame

In biological and psycho-evolutionary perspectives, shame is regarded as being an innate, genetically pre-wired emotion that serves the purpose of survival of the species. Darwin (1872/1998) pioneered the evolutionary perspective of shame in his exposition of the blushing response, which he sees as being the primary manifestation of shame. In his view, blushing is an involuntary and universal human reaction that originates from an innate sensitivity to the opinions of others. Darwin hypothesizes that the earliest forms of shame occurred in response to attention drawn to a person's physical appearance. Attention to exposed parts of the body resulted in a rush of blood to those parts and in behaviours aimed at concealing them from others. Given that the face is the most exposed part of the body for most cultures, over time the shame response became strengthened and centered in the face. Sensitivity to the opinion of others regarding one's appearance, therefore, was expressed primarily through blushing and also through turning away of the face, covering the face with the hands, and lowering or side-to-side movements of the eyes. As the human species evolved, blushing became generalized "through the force of association" to occur in relation to the opinion of others about one's conduct or character.

Although later theorists point out that Darwin was mistaken in his assumption that blushing inevitably accompanies shame (Izard, 1991), most researchers agree that blushing is an extremely common shame response (Kaufman, 1989; H. B. Lewis, 1971, 1987a). Moreover, Darwin's emphasis on people's seemingly innate sensitivity to the opinions of others is a point taken up by other researchers. Izard (1971, 1977, 1991), for example argues that by sensitizing individuals to the opinions and feelings of others, shame helps ensure the survival of the individual and social group, which both depend upon social conformity and social responsibility. According to Izard, the desire to avoid the potentially devastating effects of shame, including rejection and social isolation, motivates the individual to acquire a set of intellectual, physical, and social skills that promote a sense of competency and strengthen the fitness of the group. Thus shame plays a vital role in learning, development, and the advancement of society.

Izard (1971, 1991) also focuses on the facial displays associated with shame. His assertion that shame is an innate emotion is based largely on his cross-cultural studies of facial displays. This is in contrast to Ekman (1984) who does not regard shame as a universal emotion. A possible explanation for this discrepancy is that Ekman's studies rely primarily on participants' recognition and identification of shame from still photographs, which do not convey the temporal dynamics of expression. However, as research by Keltner and his colleagues (Keltner, 1995; Keltner & Buswell, 1996) suggests, shame is recognized more by activity and expression over time, specifically by movements of the eyes and head (i.e., eyes gazing away and lowering of the head) and by postural activity (i.e., slouching of the shoulders and turning away of the body).

In the psycho-evolutionary perspective of Gilbert (1997, 1998; Gilbert & McGuire, 1998), shame is an involuntary response that evolved to protect humans against threats to their social status and social attractiveness. The desire to be seen as attractive in the eyes of others is regarded as a basic human need. Social attractiveness enhances an individual's success in meeting basic biosocial goals such as gaining access to fitness-enhancing resources, acquiring a mate, and caring for offspring. Shame results from a perceived loss of social attractiveness and serves the adaptive function of alerting the individual to actual or potential threats to the person's social standing. In addition, the nonverbal communicative behaviours associated with shame (e.g., gaze avoidance, downward movements of the head, and hiding) are submissive appeasement signals that attempt to minimize the possible consequences of rejection, marginalization, and ostracism and to mitigate damage to one's social image.

Similarly, Dickerson and Gruenewald (2004) conceptualize shame as an adaptive psychobiological response that results from threats to the individual's "social self." In particular, shame is elicited in response to social evaluation, social rejection, and other events that threaten the individual's self-esteem, social status, and belonging. Associated with shame are specific psychobiological changes that serve the basic need for self-preservation. The authors cite a number of recent research studies linking shame to increased levels of cortisol and proinflammatory cytokine activity (e.g., see Dickerson & Kemeny, 2004; Dickerson, Kemeny, Aziz, Kim, & Fahey, 2004; Gruenewald, Kemeny, Aziz, & Fahey, 2004; Lewis & Ramsay, 2002).

Cortisol is a hormone that helps to mobilize humans for action in order to escape a threat, while proinflammatory cytokines appear to promote social withdrawal and disengagement behaviours (Dickerson & Gruenewald, 2004). In situations involving threats to the social self, Dickerson and Gruenewald argue, the most adaptive response may be to flee from harm's way, especially in cases where the threat is beyond one's control. Therefore, by activating physiological patterns that promote social disengagement, shame helps to ensure survival.

Tomkins (1963, 1987) views shame as an innate negative affect that is triggered by obstructions to interest and enjoyment. For example, an infant who looks with interest at a stranger but is met with a neutral facial expression responds with shame. Like all other affects in Tomkins' affect theory, shame is a specific biological and physiological response that is registered in the face and surrounding musculature. The shame response includes a lowering of the eyelids, a decrease in facial muscle tone, and a lowering of the head due to a loss of tone in the neck muscles. By focusing awareness on one's face and eyes, which Tomkins views as being central to an individual's sense of self, shame generates the intensely painful experience of self-consciousness. Yet despite its potentially debilitating effects, shame also serves a positive adaptive function. For Tomkins, all affects are automatically activated by increases or decreases in nervous system stimulation, specifically by changes in the density and speed of neural firing. Shame, as a modulator of neural firing, protects against the overstimulation that would result if excitement and joy persisted without regulation. In this way, shame acts as a brake on nervous system activation and helps conserve energy reserves that can later be mobilized to support goal-directed behaviour.

As some theorists have noted, Tomkins' assumption that shame results from impediments to interest or excitement does not always hold (Broucek, 1997). We can easily think of situations where interruptions to the experience of interest or joy produce other emotions instead of shame. For example, we may be enjoying a concert or a play when suddenly our pager goes off and we are forced to leave. Our response might be annoyance, disappointment, or possibly concern, but we would probably not experience shame. Furthermore, shame can follow a negative emotion, such as when a person feels shame after a violent fit of rage. Despite these limitations, however, Tomkins' view of shame as a modulator of neural stimulation is one that when applied to the dynamics of primary attachment relationships has important implications, as will be seen in the next section.

Attachment Perspectives on Shame

Helen Block Lewis (1987a, 1987b) sums up the attachment perspective when she states that all emotions and behaviours are embedded in the lifelong attachment system and that shame is a response to threatened attachment ties. Shame occurs in response to perceived rejection or separation from attachment figures, beginning with the primary caregiver. In essence, shame "is an inevitable human response to loss of love" (1987b, p. 32). Lewis postulates a "shame-rage-guilt bind": Shame alerts the person of a threat to the attachment relationship. The person responds with anger and aggression toward the other, as a form of protest against the perceived rejection and as a demand for the restitution of the other's affection. Yet to have aggressive wishes toward someone that one cares about evokes feelings of guilt. As Lewis writes, "Shame-based rage is readily turned against the self, both because the self is in a passive position vis-à-vis the other and because the self values the other (1987a, p. 19)." This dynamic, according to Lewis, is at the root of depression. Another way that people attempt to defend against shame is through avoidance behaviours or "bypassing" shame. Lewis argues that bypassed shame is what underlies the avoidance behaviours of insecurely attached infants who attempt to bypass the shame of rejection by "turning the tables" and rejecting the caregiver.

Broucek (1991, 1997) differentiates between "primordial" shame that appears in early infancy and later forms of shame that follow the development of objective self-awareness. According to Broucek, infants exist in a state of "primary communion" with their primary caregiver. In this state of communion, an affective flow or attunement exists between the infant and caregiver based on the reciprocal and complementary affective exchanges between the caregiver and child. Early forms of shame result from a disruption in this flow characterized by an absence of complementarity and reciprocity in the infant-caregiver interactions. For the infant, this misattunement is registered as a sense of rejection and powerlessness as the infant feels unable to influence or predict what transpires in the infant-caregiver relationship. The experience of shame at this point is automatic, visceral, and direct, without the emergence of cognitions or evaluations related to the self. At approximately 18 to 24 months of age, the child becomes aware of a split between the subjective "I" and the objective "me" that exists in the eyes of others. The gaze of another may either mirror and affirm the child's subjective reality and reinforce the child's sense of existing with the other person in a shared affective field, or the gaze may trigger shame whereby the child feels objectified and disconnected from the other and alienated from the subjective experience of self. In order to avoid future painful experiences of shame, the child adopts standards, rules, and goals that promote social connection and learns to evaluate the self in relation to them. Thus shame serves the adaptive function of promoting socialization and increasing self-awareness.

Drawing on the affect theory of Tomkins (1962, 1963), Nathanson (1987, 1992) attempts to trace the course of shame throughout the life cycle. Like Tomkins, Nathanson maintains that shame is triggered by obstacles to interest or enjoyment. Although shame can occur outside the context of interpersonal interactions, it is seen as being an integral part of attachment. In infancy, the mutual gaze between the neonate and the primary caregiver is a form of communication that, along with attachment, is held together by interest and enjoyment. Shame occurs when the infant's gaze is not met by the caregiver in the expected way. The result is a break in communication and a rapid decrease in interest and excitement. In this manner, shame modulates attachment and regulates affect. Over time, these early experiences of shame combine with cognitions, drives, personal experiences, and other affects to form unique constellations of shame in adulthood. Patterns of shame and interest evident in the interactions between the infant and caregiver thus become formative factors in adult interpersonal relationships and sexual interactions.

Schore's (1994, 1998) neurobiological theory of emotions and attachment gives shame a central role in brain development and emotional regulation. In Schore's model, shame initially appears in the child's emotional repertoire at the age of 14 to 16 months in the context of the face-to-face interactions between the infant and primary caregiver. Shame results from a sudden interruption of the synchronized flow of positive affect in the child-caregiver dyad, a misattunement which is an inevitable and necessary part of the socialization process. Instead of encountering the anticipated positive affect of the caregiver, the infant is met by an unexpected display of negative affect. This triggers a rapid inhibition of positive affect and a break in interpersonal contact whereby the child withdraws, recoils, and attempts to hide from view. At the physiological level, the stressful shock of affective misattunement prompts the release of corticosteroids which in turn reduces levels of endogenous opioids and corticotrophin-releasing factor in the brain. Changes in the biological patterns of hormones and neurotransmitters produce a shift of activity from the energy-mobilizing sympathetic nervous system to the energy-conserving parasympathetic nervous system activity. The sudden switch from ergotrophic (sympathetically driven) to trophotropic (parasympathetically driven) arousal is accompanied by reduced activation of the excitatory ventral tegmental limbic forebrain-midbrain circuit and increased activation of the inhibitory lateral tegmental limbic forebrain-midbrain circuit.

If misattunements in the child-caregiver dyad are soon followed by the caregiver's re-engagement in mutual visual gaze interactions that rekindle positive affect in the child, shame is decreased and the attachment bond is repaired. In this manner, the caregiver serves as an external regulator of the child's affect. Over time, the ability to regulate shame becomes internalized so that the child is able to effectively modulate shame independent of the caregiver. More importantly, Schore (1994, 1998) argues, shame plays a central role in the regulation and experience of all emotions as it triggers the development of those areas of the brain responsible for emotional regulation. Specifically, the neurohormonal and biochemical changes triggered by shame during critical periods of cortical maturation result in the growth of the orbitofrontal cortex and in the development of connections between the prefrontal cortex, hypothalamus, and limbic circuits that regulate emotions and nervous system arousal.

Cognitive and Attributional Perspectives on Shame

Unlike biological and attachment approaches that regard shame as an innate regulator of neural activity or as a pre-wired response to threatened status or attachment ties, cognitive and attributional approaches to shame emphasize the cognitive processes required for shame to occur. In these approaches, the experience of shame is believed to be contingent upon the development of specific cognitive abilities that emerge after infancy. These perspectives also explore the nature and patterns of attributions that are deemed to give rise to shame.

M. Lewis (1992, 2000) argues that shame stems from interpretation and evaluations of internal and external events (e.g., physiological states, behaviours, and social cues) and from the cultural meanings that are internalized by the individual. In Lewis' theoretical model, emotions emerge in stages as a product of cognitive development and maturation. The experience of shame requires the development of objective self-awareness or self-referential abilities, the acquisition and retention of standards and rules, the ability to evaluate success or failure vis-à-vis these standards and rules, and the attribution of failure to the self. Objective self-awareness refers to the ability to distinguish between the subjective "I" and the objective "me" and appears between the ages of 1 ½ to 2 years. The acquisition of social standards, rules, and goals along with the ability to compare one's actions against acquired standards occurs between the ages of 2 to 3 years and is learned through the process of socialization. The failure to meet specific standards is attributed to global self-failure, and the resulting shame leaves the individual feeling painfully exposed and inadequate both in the eyes of others and the self.

Tangney and Dearing (2002) point to the underlying attributions associated with shame. Based on the results of numerous empirical studies (e.g., Fischer & Tangney, 1995; Tangney, 1995; Tangney & Dearing, 2002; Tangney et al., 1992) and on the learned helplessness model of Abramson, Seligman, and Teasdale (1978), Tangney and Dearing state that shame involves internal, global, and stable attributions of the self in the face of negative events. In other words, when individuals (a) blame themselves for the bad things that happen in their lives, (b) view their entire selves as being at fault, and (c) see themselves as powerless to change who they are, shame is likely to ensue. Such an attributional style has been frequently linked to depression (Abramson et al., 1978; Hoblitzelle, 1987; Tangney, Burggraf, & Wagner, 1995). In addition, Tangney and Dearing contrast the "depressogenic" attributional style of shame with the style likely to be found in the experience of guilt. While shame and guilt both involve internal attributions (i.e., a sense of being at fault), guilt-based attributions typically center around *specific* shortcomings, and these shortcomings are believed to be changeable or *unstable*. Because people who feel guilty retain a sense of agency and personal control, they are more likely to take reparative action to change the situation than a person who, in the throes of shame, feels a paralyzing sense of helplessness.

Tangney and her colleagues (Tangney, Niedenthal, Covert, & Barlow, 1998) also suggest that shame is connected to (a) the person's belief that the *actual self* fell short of the *ideal self* (attributes that the person or other people would like the person to possess) and/or the *ought self* (attributes that the person or other people believe the person should or ought to possess); and (b) beliefs that others perceive a discrepancy between the person's actual self and ideal self and/or between the person's actual self and ought self. Lindsay-Hartz (1984) and Lindsay-Hartz, de Rivera, and Mascolo (1995), on the other hand, suggest that shame-related evaluations are more about being a person one *does not want to be* rather than not being the person one *wants to be*. That is, the person who experiences shame perceives the self as embodying a negative ideal.

Niedenthal, Tangney, and Gavanski (1994) suggest that shame involves counterfactual thinking in which the individual attempts to "mentally undo" aspects of the self. Specifically, in response to shame, people are likely to ruminate about how the experience might have unfolded differently "if only [they] were or were not such and such kind of person" (p. 593). This is in contrast to the experience of guilt, where people are more likely to reflect on what might have happened "if [they] had (or had not) done such and such a thing" (p. 593).

Sociocultural Perspectives on Shame

Several researchers have focused their attention on cultural variations and differences in the experience of shame. How shame manifests itself is thought to depend on the values, attitudes, norms, and concerns of the particular culture. In "honour cultures" (Frijda & Mesquita, 1994; Mesquita & Frijda, 1992), shame is likely to ensue in situations where one's honour and dignity are threatened. For example, in Bali and Java there is a heightened sensitivity to events that might pose a danger to one's honour. A person's honour comes mainly from his or her social status, which is communicated in large part through the person's gestures and speech and from the ability to command deference from others. When other people are perceived as being demeaning or disrespectful, the individual is likely to experience *lek* or *isin* (the terms used for shame in Bali and Java respectively). Thus, for the Balinese and Javanese, shame is associated with a sense of dishonour (Mesquita & Frijda, 1992). Among the Awlad 'Ali tribe of Bedouins in Egypt, honour is of great concern and is seen as being contingent upon one's autonomy. Events that signify a person's dependence or lack of autonomy induce *hasham* or shame (Abu-Lughod, 1986).

The experience of shame may also vary with the values and attitudes that a culture has regarding the maintenance of relationship bonds (Ha, 1995; Kitayama, Markus, & Matsumoto, 1995; Wallbott & Scherer, 1995). A distinction is often made in the literature between how shame is experienced in collectivist versus individualist cultures. Ha (1995) suggests that in Asian and other collectivist cultures, a high value is placed on approval and respect as these are considered part of what maintains social harmony and keeps relational bonds in place. In these cultures, shame is likely to occur when approval from social status superiors is withheld or where there is a perceived lack of respect from lower-status individuals. This is in contrast to individualist cultures such as in the United States where social harmony and relatedness are less valued and where individuals are less sensitive (though not impervious) to these types of shame experiences.

Kitayama, Markus, and Matsumoto (1995) argue that shame, while negative and painful, also has important positive connotations in cultures where the emphasis is on interdependence and interpersonal engagement. In Japan, *haji* (shame) typically results from the failure to meet the expectations of people whose opinions matter to the individual. However, because shame brings into focus one's relatedness to and dependence on others, it also prompts the individual to restore harmony in relationships and reinforces the positive image of self as a socially interdependent being. In the United States, where independence is prized, the experience of shame is likely to be perceived as a threat to the view of oneself as an independent individual with personal control over one's life. This emotion may therefore be accompanied by a greater sense of "existential fear" and negativity, and greater attempts may be made to defend against it (p. 20). Consistent with Kitayama et al.'s (1995) view are Menon and Schweder's (1994) findings that among the Orijas in Orrisa, India, displays of *lajya*, or shame, are regarded favourably as a sign of modesty, deference, and respect for the social order.

Another cultural distinction found in the literature is between "shame cultures" and "guilt cultures." Shame cultures are said to produce social conformity through placing external pressure and sanctions on the individual. Guilt cultures enforce social norms through the internalization of sanctions (Wallbott & Scherer, 1995). However, as Scheff (1997b) argues:

> The difference between shame and guilt cultures is misleading, in that it assumes that shame states are infrequent in modern societies. It is possible that the role of shame in social control has not decreased but gone underground. In traditional societies, shame is openly acknowledged; the word itself appears frequently in everyday discourse. In modern societies, references to shame appear infrequently or in disguised form. The disguises of shame include hundreds of words and phrases that seem to be substitutes or euphemisms for the word shame or embarrassment; lose face, feel insecure. Our very language in modern societies conspires to hide shame from display and from consciousness. (p. 208)

It is not that shame is any less common or important in Western societies; it is that of all emotions, shame is the most repressed and taboo (Harrington, 1992; Kaufman, 1989; Scheff, 1997b). As Fridja (2000) states in his comparison of Western and Arabic manifestations of shame, shame may take on different forms in different cultures but nonetheless represent the same sensitivity to social acceptance and involve the same motivations to correct or prevent deviations from the norm. In his words, "Universality may lurk behind cultural specificity without detracting from the specific meanings of each cultural form" (p. 70).

Experience and Expression of Shame

Shame has been viewed both from the perspective of the individual's subjective experience, including associated thoughts, perceptions, feelings, sensations, and impulses, and from the individual's expression of shame as displayed through physical signs and defensive behaviours. Most of the literature on how shame is experienced and expressed comes from researchers' and clinicians' observations and interpretations (e.g., Kaufman, 1989; H. B. Lewis, 1971; Nathanson, 1992), from participants' narrative or descriptive self-reports (e.g., Katz, 1997; Lindsay-Hartz, 1984), and through survey and questionnaire data (e.g., Keltner & Buswell, 1996; Tangney, Miller, Flicker, & Barlow, 1996). A few studies also rely upon phenomenological methodologies (e.g., Katz, 1997; Lindsay-Hartz, 1984; Lindsay-Hartz et al., 1995).

Subjective Experience of Shame

When individuals experience shame, they feel acutely self-conscious and painfully exposed in the eyes of others or themselves (Katz, 1997; H. B. Lewis, 1971, 1987a; M. Lewis, 1992; Lindsay-Hartz, 1984; Lindsay-Hartz et al., 1995). Along with these feelings comes the overwhelming impulse to hide, flee, or be concealed from view (H. B. Lewis, 1971; Lindsay-Hartz, 1984; Lindsay-Hartz et al., 1995; Pines, 1995). As Lindsay-Hartz et al. (1995) state, people who experience shame wish they could "sink into the ground" in order to escape the interpersonal realm (p. 283). The desire to escape may be heightened by sensations of heat, an increased heart rate, blushing, and sweating (H. B. Lewis, 1987a; Wallbott & Scherer, 1995). In addition, there is a sense of oneself as shrinking or feeling small as well as intense feelings of paralysis, helplessness, and passivity (Gilbert, Pehl, & Allan, 1994; H. B. Lewis, 1987a; Lindsay-Hartz, 1984; Lindsay-Hartz et al., 1995). Confusion and obsessive rumination about the experience are common (H. B. Lewis, 1971; M. Lewis, 1992; Pines, 1995). In the midst of shame, people typically feel rejected, unwanted, devalued, defective, unattractive, inferior, and bad (Gilbert, 1997; Kaufman, 1989; Lindsay-Hartz et al. 1995). While shame most often involves the perception of being the object of other people's negative judgments, shame can also entail negative evaluation of oneself. Moreover, although shame is usually experienced in social contexts, it can also occur when a person is alone (Gilbert, 1998; Kaufman, 1989; Tangney et al., 1996). Regardless of whether shame occurs in public or in private, it is fundamentally an alienating and isolating experience that impedes social connection (Katz, 1997; Kaufman, 1989; Pines, 1995).

Signs and Behaviours of Shame

The physical signs and behaviours related to shame typically include avoidance of eye contact, looking down, hanging of the head, blushing, and hunched posture (Fischer and Tangney, 1995; Kaufman, 1989; H. B. Lewis, 1971, 1987a; Lindsay-Hartz et al., 1995; Pines, 1995). In the throes of shame, speech often becomes stilted or stammered; or the individual suddenly falls silent, switches topics, or is unable to speak (Fischer & Tangney, 1995; H. B. Lewis, 1971; M. Lewis, 1992; Kaufman, 1989; Pines, 1995). While there is some evidence for cross-cultural similarities in the facial expression of shame (Izard, 1971; Mesquita & Frijda, 1992; Wallbott & Scherer, 1995), differences across cultures are also apparent. For example, among the Oriyas in Orissa, India, shame is signified by a protruding tongue bitten between the lips (Menon & Schweder, 1994). Additionally, shame can be indirectly expressed through the person's defensive facial displays. A frozen facial expression, a look of contempt, and tilting the head back and jutting the chin forward may represent attempts to defend against shame (Izard, 1991; Kaufman, 1989).

Defenses Against Shame

Shame can also be expressed through defensive behavioural patterns and strategies. Nathanson (1992) identifies four major shame-related defensive strategies that he calls the "compass of shame": withdrawal, attack self, avoidance, and attack other. With the withdrawal strategy, people leave the social arena in which the shame occurred and retreat into the privacy of their inner world where "the wounds of shame…can be licked until the pain has decreased enough to permit re-entry into the ever-dangerous social milieu" (p. 318). An explanation of the actual process of recovery, however, is missing from Nathanson's discussion. With the attack self strategy, individuals put themselves down in conversations with others, ridicule themselves, refer to themselves and/or their actions with contempt and disgust, or exhibit anger towards themselves. In a sense, the attack self strategy is an attempt to forestall the punishing actions of others by punishing oneself. With avoidance, individuals defend against shame through the process of denial or the disavowal of negative affect. Perfectionism, excessive striving for power and achievement, extreme preoccupation with managing one's image, and habitual acts of shamelessness are all common shame avoidance strategies. With the attack other strategy, people belittle, blame, disparage, slander, criticize, ridicule, threaten, harm, or otherwise diminish others. Attacking others is an attempt to defend against the powerlessness induced by shame through disempowering and inducing shame in others.

Kaufman (1989) discusses "defending scripts" that people use to protect themselves against shame. These scripts involve rules that individuals use for responding to, predicting, controlling, and interpreting shame. Among these scripts are rage, contempt, striving for perfection, striving for power, transfer of blame, internal withdrawal, humour, and denial. In Kaufman's view, all of these strategies are organized around defending the self against shame. However, as with Nathanson's "compass of shame," Kaufman's defending scripts include mainly negative coping mechanisms and do not provide insight into how people overcome shame experiences over time.

Situational Sources of Shame

The most common types of situations or events in which shame arises include failure experiences, social transgressions, moral transgressions, and traumatic events (Katz, 1997; Keltner & Buswell, 1996; H. B. Lewis, 1987c; Tangney, 1995; van der Kolk & McFarlane, 1996; Williams & Poijula, 2002; Wurmser, 1987). Keltner and Buswell (1996) found that in a sample of 51 undergraduates from the United States, the most frequently reported antecedents to shame were: (a) poor performance, typically academic; (b) hurting others emotionally; (c) failing to meet others' expectations; (d) disappointment in oneself, which usually resulted from not meeting a personal goal; and (e) role-inappropriate behaviour, such as not behaving appropriately at a social or family function. Gilbert (1997) states that shame is likely to occur in situations where there is a threat to one's social standing. He also discusses how shame can originate from shaming practices, such as racism, sexism, and other forms of prejudice. Van der Kolk & McFarlane (1996) and Williams and Poijula (2002) state that people often experience shame in response to what they did or did not do in traumatic situations. A person may feel shame for being helpless to stop a traumatic experience from occurring. Physical, sexual, and emotional abuse are particularly potent sources of shame (Andrews, 1998; Finkelhor, 1983; van der Kolk & McFarlane, 1996; Williams and Poijula, 2002).

Shame Versus Guilt

Shame and guilt have been described in the literature as belonging to the family of *self-conscious* emotions, as both involve a painful awareness and observation of self along with negative judgments about one's actions or characteristics (Fischer & Tangney, 1995; M. Lewis, 1992; Tangney & Dearing, 2002). Both are also distinctively *social* emotions in that they reinforce social norms and standards, promote social cohesiveness, and play a central role in the socialization process (Barrett, 1995; Broucek, 1991; Scheff, 1997b).

Despite these similarities, several important differences between the two emotions have been identified in the literature. To begin with, shame involves negative and often global evaluations of the *self* that disrupt and often damage the person's self-identity. Guilt, on the other hand, involves negative evaluations of one's specific *actions*, and the sense of self is typically left intact (H. B. Lewis, 1971, 1987a; Lindsay-Hartz, 1984; Lindsay-Hartz et al., 1995; Tangney & Dearing, 2002). As Barrett (1995) states, with shame the person may believe: "I *am* bad," in contrast to guilt where the person may believe: "I *did* something contrary to my standards" (p. 42). In addition, shame motivates a distancing from others and appears to interfere with the ability to experience empathy (H. B. Lewis, 1971; M. Lewis, 1992; Lindsay-Hartz et al., 1995; Tangney, 1995; Tangney & Dearing, 2002). Where there is concern about other's thoughts and feelings, it is usually in relation to how others' negative judgments may affect the self rather than being rooted in genuine caring or empathic connection. Guilt, on the other hand, is rooted in genuine empathy for others and motivates reparative actions aimed at alleviating the harm caused to the other person. Another distinction between shame and guilt is that shame usually involves more intensely felt sensations (e.g., blushing and increased heart rate) than guilt, and the facial displays and postural cues characteristic of shame are not typically present with guilt (Barrett, 1995; Keltner & Buswell, 1996; M. Lewis, 1992; Tangney et al., 1996).

Shame Versus Humiliation

In the emotions literature, shame and humiliation have sometimes been grouped together as variants of the same family of emotions, characterized by the same basic affective response (e.g., see Izard, 1971; Nathanson, 1992; Tomkins, 1962, 1963). Tomkins, for example, regards humiliation as an intense form of shame, in contrast to embarrassment, which is shame in its least intense form. However, an increasing number of theorists have emphasized important differences between shame and humiliation, lending support for the conceptualization of the two emotions as phenomenologically distinct (e.g., see Gilbert, 1997, 1998; Klein, 1991; Miller 1988; Tantam, 1998). In this view—and in the view that I have taken here—humiliation is the experience of being degraded, ridiculed, scorned, abused, belittled, or otherwise disempowered by another individual or group (Klein, 1991; Miller, 1988). As Miller (1988) states it, "humiliation involves being put into a lowly, debased, and powerless position by someone who has, at that moment, greater power than oneself" (p. 46). With humiliation, the focus is primarily on what another individual or group of individuals has done to oneself, where others are perceived as being bad, unjust, or to blame for their actions (Gilbert, 1997, 1998). Although humiliation involves feelings of powerlessness and debasement, the individual does not necessarily judge or devalue the self, and the individual's self-concept can remain intact (Gilbert, 1997; Tantam, 1998). With shame, on the other hand, attention is turned mainly toward the self, where individuals perceive themselves as being flawed, bad, or worthless. Shame can often be evoked by humiliation (Gilbert, 1997; Klein, 1991; Miller, 1988). For example, shame can be experienced in response to one's diminished status, or one can berate oneself for not preventing or defending against the humiliation.

Shame Versus Embarrassment

Some researchers view embarrassment as a less intense form of shame (Kaufman, 1989; H. B. Lewis, 1987a; Nathanson, 1992; Tomkins, 1963). Evidence exists for the distinctness of shame and embarrassment as emotions (Keltner, 1995; Keltner & Buswell, 1996; M. Lewis, 1992, 1995). In a study of 183 university students from the United States, Keltner (1995) found that participants shown video clips of emotion displays were able to accurately distinguish between shame and embarrassment, with shame involving head and gaze movements down, and embarrassment involving gaze down, a controlled smile, head movements away, and face touching. In a subsequent study by Keltner and Buswell (1996) in which 263 undergraduates were presented with still photographs of shame and embarrassment displays, the two emotions were rarely confused with one another. M. Lewis (1992, 1995) suggests that with embarrassment, people are more likely to smile, engage in nervous touching of the body, and alternate repeatedly between looking up and then looking away. In addition, embarrassment may be related to minor social and situational transgressions that do not lead to anger, self-disgust, or damage to one's identity (Katz, 1997; M. Lewis, 1992; Tangney et al., 1996).

Shame Versus Shyness

Shyness is referred to in the literature both as personality trait or temperament (Gilbert, 1998; M. Lewis, 1992, 1995; Tangney & Dearing, 2002) and as an emotion (Darwin, 1872/1998; Izard, 1971, 1991; Kaufman, 1989). As an emotion, both shame and shyness are related to social avoidance. A person who feels shame typically has an overwhelming urge to withdraw from social contact. Someone who feels shy is experiencing vulnerability in a social situation and also wishes to retreat from the social arena (Izard, 1991; M. Lewis, 1995). In the view of some theorists, the source of this vulnerability is shame. Nathanson (1992), for example, views shyness as a form of shame avoidance. Kaufman (1989) speaks of shyness as "shame in the presence of or at the prospect of approaching strangers" (p. 24). Thus it appears that shyness may arise from the fear of experiencing shame in social situations. However, M. Lewis (1992) points out an important distinction between shame and shyness when he writes that, unlike shame, "[Shyness] does not involve an evaluative component in regard to one's action in terms of standards, rules, and goals" (p. 81). M. Lewis believes that shyness may be evoked instinctively in the face of unfamiliar situations and people, and this response may be dispositionally stronger in some individuals than in others. Along the same lines, Izard (1991) states that shyness may serve the adaptive function of protecting children from venturing too far into unsafe or unfamiliar surroundings.

Shame Versus Shame-Proneness

Shame-proneness refers to the tendency to experience shame. People who are highly shame-prone are likely to experience shame on a frequent basis, and shame may be a pervasive aspect of their identity (Ferguson & Stegge, 1995; Harder, 1995; Harper & Hoopes, 1990; Tangney & Dearing, 2002). Thus shame-proneness may be viewed as a dispositional *trait*, while shame is an experience or *state*. Researchers suggest that chronic and/or intense experiences of shame may lead to shame-proneness (Harper & Hoopes, 1990; Tangney & Dearing, 2002). In particular, shame-based parenting practices and failures in the infant-caregiver attachment relationship may heighten the child's sensitivity to shame (Ferguson & Stegge, 1995; Morrison, 1987; Tangney & Dearing, 1995). Tangney & Dearing (2002) suggest that shame-proneness may result from a parenting style that uses person-centered disciplinary messages, the expression of disgust, teasing, communication of conditional approval, and love-withdrawal techniques.

Shame and Mental Health

In recent years, researchers and clinicians have come to a greater recognition of the impact that shame has on mental health. The importance of researching shame is highlighted by the growing body of evidence on the relationship between shame and mental health problems. In particular, shame has been associated with depression (Allan et al., 1994; Andrews et al., 2002; Cheung, Gilbert, & Irons, 2004; Harder, 1995; Hoblitzelle, 1987; O'Connor et al., 1999; Tangney et al., 1992), anxiety (Allan et al., 1994; Harder, Cutler, & Rockart, 1992; O'Connor et al., 1999), suicide

(Hassan, 1995; Hastings et al., 2000; Lester, 1998; Lindsay-Hartz et al., 1995; Milligan & Andrews, 2005; Mokros, 1995), post-traumatic stress disorder (Lee et al., 2001; Leskela et al., 2002; Stone, 1992), addictions (Cook, 1987; Fischer, 1987; Potter-Efron & Potter-Efron, 1999), eating disorders (Cook, 1987; Floyd & Floyd, 1985), personality disturbances (H. B. Lewis, 1971, 1987b; Miller, 1996; Nathanson, 2002; Wright, 1987; Wurmser, 1987), and violent behaviour (Brown, 2004; Gilbert et al., 1994; Lansky, 1987). In the following sections, the discussion will focus on three of these areas: depression, which has been well researched in the literature, as well as posttraumatic stress disorder and suicide, which are new and promising areas related to the study of shame.

Shame and Depression

There is a large body of evidence linking shame to depression. In two consecutive studies, Hoblitzelle (1987) asked 71 and 124 undergraduates from the United States to complete the Adapted Shame/Guilt Scale (ASGS), Beall Shame-Guilt Test (BSGT; Beall, 1972), Beck Depression Inventory (Beck, 1972), and Self-Rating Depression Scale (Zung, 1965). The ASGS contains a list of 30 adjectives, many of which are related to shame, and is designed to assess global feelings of shame. Participants rate how well each adjective describes how they feel. The Shame subscale of the BSGT measures individuals' proneness to shame and includes hypothetical situations in which shame is likely to be experienced. For each situation, participants rate how much shame they would feel in the situation. In both studies, a significant positive correlation was found between shame (both global shame and shame-proneness) and depression.

Harder (1995) administered the ASGS, the Shame subscale of the Personal Feelings Questionnaire 2 (PFQ2; Harder & Zalma, 1990), the Test of Self-Conscious Affect (TOSCA; Tangney, Wagner, & Gramzow, 1989), and the Beck Depression Inventory to a sample of 58 undergraduate students from an American university. Like the ASGS, the PFQ2 is a checklist that contains adjectives related to global feelings of shame. The TOSCA includes of a series of brief scenarios and associated responses designed to measure shame-proneness. Harder found a strong positive relationship between shame and depression on all measures.

In two separate studies, Tangney, Wagner, and Gramzow (1992) administered the Self-Conscious Affect and Attribution Inventory (SCAII; Tangney, Burggraf, Hamme, & Domingos, 1988), TOSCA, Beck Depression Inventory, State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970), and the Symptom Checklist 90 (SCL-90; Derogatis, Lipman, & Covi, 1973) to 245 and 234 undergraduates in the United States. The SCAII, like the TOSCA, is a measure of shame-proneness and consists of a series of hypothetical situations likely to elicit shame. In both studies, shame-proneness was strongly related to depression, anxiety, and psychoticism. An association was also found between shame-proneness and attributional style, as measured by the Attributional Style Questionnaire (Seligman, Abramson, Semmel, & von Baeyer, 1979). Specifically, shame-proneness was positively correlated with the tendency to make internal, stable, and global attributions about negative events and was negatively correlated with internal, stable, and global attributions for positive events. This type of attributional style has been frequently linked to depression (Abramson et al., 1978; Hoblitzelle, 1987; Tangney et al., 1995; Tangney & Dearing, 2002). However, the connection between shame and depression does not appear to be due solely to attributional factors. When Tangney et al. controlled for attributional style, shame still accounted for an additional 10% of the variance in SCL-90 depression scores.

Andrews, Qian, and Valentine (2002) administered the Experience of Shame Scale (ESS), and the Symptom Checklist 90 to a sample of 163 university students in the United Kingdom. The Experience of Shame Scale (ESS) includes three subscales for measuring shame: (a) Characterological Shame, which refers to general shame about one's personal habits, manner with others, character, and abilities; (b) Behavioural Shame, which is situation-specific shame related to one's behaviours or performance, for example, an experience of failure; and (c) Bodily Shame, which relates to shame about one's body or part of one's body. Eleven weeks later, the questionnaires were re-administered to 93 of the original participants. Andrews et al. found that the ESS Total scale and all three shame subscales were significantly correlated with depression during the first administration (time 1) and 11-week follow-up (time 2). In addition, when the time 1 depression score was controlled for in the time 2 analysis, the time 1 ESS Total score and the Behavioural Shame subscale score made significant independent contributions to time 2 depression. Andrews et al. concluded that shame and, in particular, behavioural shame, are predictive of depressive symptoms.

All of the above studies lend support for the conclusion that shame—whether it appears in response to a particular situation, as a global feeling, or as a dispositional tendency—is related to depression. In addition, shame and depression appear to share a similar attributional style. However, at this point there is still relatively little known about how shame and depression interact. While many theorists regard shame as a major source of depression (e.g., Kaufman, 1989; H. B., Lewis, 1987a; Morrison, 1987; Nathanson, 1992; Scheff, 2001), further research is needed to tease out this relationship. Research that investigates the specific processes through which shame develops and unfolds may shed some light on this important issue.

Shame and Suicide

In two independent studies of 254 and 230 undergraduates in an American university, Hastings, Northman, and Tangney (2000) found that proneness to shame, as measured by the Test of Self-Conscious Affect (TOSCA), was positively correlated with thoughts of suicide, as measured by the Beck Depression Inventory and the Symptom Checklist 90. Similarly, in a sample of 116 undergraduates in the United States, Lester (1998) found a significant positive correlation between shame and suicidality, as determined through interview questions and the Beck Depression Inventory. Milligan and Andrews (2005) found a positive correlation between the experience of shame and suicidal/self-harming behaviours among 89 female prisoners in the United Kingdom. This relationship held for multiple types of shame, including shame related to one's characters, behaviours, or body.

Hassan (1995) reviewed coroner's case files of 176 Australians who committed suicide. Shame and guilt were identified as the leading factor of 7% of the suicides. More importantly, Hassan found that the leading cause of suicide was "a sense of failure in life," defined as many things "going wrong" that were associated with a sense of failure and giving up on life. Given that many of the reported failure experiences (e.g., loss of face, failure in business or profession, and the failure to meet family obligations) are typically associated with shame, Hassan concluded that shame is a central factor in suicide.

Mokros (1995) regards suicidality as stemming from unacknowledged shame. He states that in the face of shame experiences, people suffer ruptures to their social bonds. When these ruptures are not healed, people are left with "no sense of social place" (p. 1096). Shame also brings with it a paralyzing pre-occupation with one's identity, which at times leads to intolerable self-disparagement. In the absence of someone to turn to or a secure social bond, some people view suicide as a way out of this intense pain. Similarly, Scheff (1997a) views shame, with its resultant severing of social bonds, as a key factor in suicide.

Just as shame can give way to suicidal ideation and behaviours, suicidal and self-harming behaviours can generate shame. In a qualitative study that explored the experiences of 13 men and women who were hospitalized after attempting suicide, Wiklander and Samuelsson (2003) described how participants experienced shame immediately after the attempt and in their initial interactions with hospital personnel. For most participants, shame was associated with a sense of failure for having attempted suicide, often combined with feelings of failure for not having succeeded in their attempts. Shame was also associated with intense feelings of exposure, with negative feelings about their behaviours, characters, bodies, or "mere existence" (p. 296), and with the strong impulse to hide, flee, or withdraw from social contact. Several participants expressed shame about being a psychiatric patient, and some participants felt shame from transgressing a social or personal boundary through their suicide attempt.

Shame and Posttraumatic Stress Disorder

Some researchers argue that shame plays a role in the onset and course of posttraumatic stress disorder (PTSD). Lee, Scragg, and Turner (2001) suggest that shame can exacerbate the effects of trauma by limiting help seeking behaviours and interfering with the emotional processing of the traumatic event. Because people often feel shame about their behaviours and reactions at the time of the event, they may be reluctant to disclose the incident to others. The avoidance of shame thus leads to avoidance behaviours related to the trauma and perpetuates PTSD. Stone (1992) regards shame as a major factor in the onset and course of PTSD, which he sees as a disturbance of the affect system where the ability to regulate emotion is impaired. By overwhelming the affect system, shame can be the initial stressor that leads to PTSD symptoms. Shame can also be the product of trauma, through the sense of helplessness, inadequacy, and lack of control engendered by the traumatic event. Furthermore, because shame is likely to be concealed or disguised in the psychotherapy of PTSD sufferers, shame interferes with successful treatment and may perpetuate PTSD.

In the first study to empirically investigate the relationship between shame and PTSD, Leskela, Dieperink, and Thuras (2002) found a strong positive correlation between shame-proneness, as measured by the TOSCA, and PTSD symptoms, as measured by the PTSD Checklist-Military for DSM-IV (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996). The sample consisted of 107 former prisoner of war veterans who had been exposed to trauma. Leskela et al. also found that veterans with PTSD were more shame-prone than veterans without PTSD. From the data, it could not be determined whether shame-proneness predated the trauma or followed after years of having lived with the symptoms of PTSD. The specific processes underlying the relationship between shame and PTSD await further investigation as, to date, other empirical studies are lacking.

Summary of Shame Research

What emerges from the above review is a description of shame as a painful emotion characterized by negative self-judgment, by feelings of exposure, powerlessness, and isolation, and by the overwhelming impulse to hide. Shame can either facilitate or hinder psychosocial adjustment. On one hand, shame can promote socialization (Broucek, 1991; Scheff, 1997b), motivate learning (Izard, 1977, 1991), mitigate or prevent damage to social status (Gilbert, 1997, 1998), alert the individual to threatened attachment ties (H. B. Lewis, 1987a, 1987b; Nathanson, 1992; Schore, 1994, 1998), and regulate physiological and emotional arousal (Schore, 1994, 1998; Tomkins, 1963). Shame may also promote the growth and development of the human brain (Schore, 1994). On the other hand, shame may contribute to a wide range of mental health problems, such as depression (Andrews et al., 1995; Harder, 1995; Tangney et al., 1992), posttraumatic stress disorder (Lee et al., 2001; Leskela et al., 2002; Stone, 1992), and suicidality (Hastings et al., 2000; Lester, 1998; Mokros, 1995). In its acute form, shame can damage self-concept and identity, disrupt social bonds, impede help-seeking behaviours, and hinder psychotherapeutic progress (H. B. Lewis, 1971, 1987a; Lee et al., 2001; Lindsay-Hartz, 1984; Lindsay-Hartz et al., 1995; Stone, 1992; van der Kolk & McFarlane, 1996). Shame tends to limit the individual's ability to experience empathy, which is essential for social relatedness (M. Lewis, 1992; Lindsay-Hartz et al., 1995; Tangney, 1995). Furthermore, prolonged or repeated experiences of shame can increase the individual's susceptibility to shame in the future (Harper & Hoopes, 1990; Tangney & Dearing, 2002). What is unclear from the literature is how individuals overcome shame. Such an understanding is essential given the potentially devastating consequences of this painful emotion.

CHAPTER THREE: METHODOLOGY

Definition and Functions of Theory

Before discussing the methodology and specific methods used in this study to create a theory of how individuals recover from significant experiences of shame, it is important to consider what theory is and why it is important. In the human sciences, the term *theory* can be defined as an integrated schema of concepts, assumptions, or propositions that helps to explain phenomena (e.g., see Bengtson, Rice, & Johnson, 2000; Bogdan & Biklen, 1992; Fiske, 2004; Glaser, 1978; Strauss & Corbin, 1998). Glaser and Strauss (1967) emphasize theory as a process, "as an ever-developing entity, not as a perfect product" (p. 32). Similarly, Morse (1994) views theory as a "best guess" (p. 32), where theorizing is "the process of constructing alternative explanations and of holding these against the data until a best fit that explains the data most simply is obtained" (p. 33).

If, as Kurt Lewin (1951) once stated, "There is nothing so practical as a good theory" (p. 169), the value of theory rests largely in its ability to build knowledge and understanding. Theory provides a set of lenses that help us to make sense of what we observe (Bengtson et al., 2000, p. 5), as well as a structure that helps us organize our data and connect our findings to the wider body of knowledge (Bogdan & Biklen, 1992; Morse, 1994). Theory also helps to inform action and practice (Bogdan & Biklen, 1992; Glaser & Strauss, 1967; Morse, 1994; Strauss & Corbin, 1998). As Bengtson et al. (2000) state, "theory is valuable when we attempt to apply and advance existing knowledge in order to solve problems or alleviate undesirable conditions" (p. 7). An additional function of theory is to generate new lines of inquiry and open up further areas of research (Bengtson et al., 1992; Bogdan & Biklen, 1992; Higgins, 2004).

Background and Rationale for Using Grounded Theory

In this study, I relied upon grounded theory methodology, procedures, and techniques for exploring how individuals recover from shame events. Grounded theory was appropriate for these purposes as it is oriented toward building theories on social and psychological processes. That is, grounded theory helps researchers explain how people behave, change, and interact in the context of specific phenomena and concerns (Chenitz & Swanson, 1986; Creswell, 1998; Glaser, 1992; McLeod, 2001; Strauss & Corbin, 1998). A major strength of grounded theory is that it provides a systematic and rigorous set of procedures and techniques for collecting and analyzing data and creating new theoretical understandings. Yet grounded theory is more than its methods. As Strauss and Corbin (1998) state, it is "a way of thinking about and of viewing the world" (p. 4).

Grounded theory was initially developed in the 1960s by the sociologists Barney Glaser and Anselm Strauss. As articulated in *The Discovery of Grounded Theory* (1967), Glaser and Strauss were responding to what they saw as the trend in sociological research to build theories based on logical deduction (i.e., moving from general concepts to specific instances) and on a priori concepts and biases. In contrast, grounded theory is founded on the inductive method (i.e., moving from the specific to the general) and assumes that conceptual understanding needs to emerge from the researcher's immersion in and interplay with the data rather than from preconceived theories founded on speculation. According to Glaser (1978, 2002), while theories need to be grounded in the data, they should also "transcend" the data. In other words, when building a grounded theory, an attempt is made to explain the underlying phenomena and processes reflected in the data. Similarly, Haig (1996) states that "it is typically phenomena, not data, that our theories are constructed to explain" (p. 283). Grounded theory also assumes that human experience is a dynamic and continually changing process and that people take an active part in shaping the world in which they live (Chenitz & Swanson, 1986; Eaves, 2001; McLeod, 2001). People are regarded as purposeful agents who respond to problematic situations on the basis of the meaning that the situations have as defined through social interaction (Strauss & Corbin, 1998). Grounded theory attempts to explain these meanings, behaviours, and processes.

The philosophical assumptions of grounded theory are rooted in *symbolic interactionism*, especially in the works of Blumer (1969) and Mead (1934/1972). Symbolic interactionism is concerned with the study of the inner or experiential aspects of human behaviour, with how people interpret situations and events, and how they act on the basis of their beliefs (Chenitz & Swanson, 1986). According to Blumer, the three basic premises of symbolic interactionism are that (a) people act toward things (i.e., objects, other human beings, institutions, beliefs, ideals, activities, and/or situations) based on the meaning that these things have for them; (b) meaning arises out of social interactions; and (c) meaning is continually modified as the person interacts with the things encountered (p. 2). Mead's focus is on the human ability to see oneself from the perspective of the other person and on how this ability is essential for the development of self-concept.

Chenitz and Swanson (1986) write that an implication of symbolic interactionism for grounded theory is that:

> The researcher needs to understand behaviour as the participants understand it, learn about their world, learn their interpretation of self in the interaction and share their definitions. In order to accomplish this, the researcher must "take the role of the other" and understand the world from the participants' perspective. (p. 7)

As Glaser and Strauss (1967) put it, the participant's social world must be studied so vividly that "the reader [of the study], like the researchers, can almost literally see and hear its people" (p. 228).

The study of shame is consistent with the assumptions of grounded theory and symbolic interactionism. As previously discussed, shame arises in the context of social interactions and/or through the meanings that events have for the individual, where the meanings themselves are influenced by social and cultural processes. Shame also involves a degree of self-consciousness, which involves the ability to see oneself from the perspective of another person. Furthermore, with shame, the beliefs that the individual has about the self and about how others view the self have a strong impact on self-concept.

Grounded theory has undergone many revisions and refinements since Glaser and Strauss's publication of *The Discovery of Grounded Theory* (1967; see, for example, Glaser, 1978; 1992; Strauss, 1987; Strauss & Corbin, 1998). Most significantly, Glaser and Strauss diverged from one another in their methodological positions, with Strauss and his colleague Juliet Corbin espousing a more concrete set of techniques and procedures for doing grounded theory. In *Basics of Qualitative Research* (1990, 1998), Strauss and Corbin suggest that researchers focus on the causal conditions, contexts, actions/strategies, and consequences related to the process under study. Glaser (1992) argues that this amounts to "forcing" the data into pre-existing conceptual categories rather than allowing concepts to emerge.

In my opinion, Strauss and Corbin (1998) have made a significant contribution to grounded theory by helping to clarify the rationale, techniques, and procedures for this form of research. In doing so, they have made grounded theory more accessible to a new generation of qualitative researchers, including myself. From where I currently stand, however, I lean more toward Glaser's (1978, 1992; also Glaser & Strauss, 1967) approach to grounded theory. In particular, I share Glaser's concerns that some of the tools and techniques espoused by Strauss and Corbin (e.g., the *conditional matrix*) may be overly prescriptive. While Glaser's theoretical approach may create more anxiety for the researcher by virtue of being less structured and more open-ended than the methods proposed by Strauss and Corbin, I believe that researchers must be prepared to grapple with this uncertainty. In my view, grounded theory methods that emphasize openness and flexibility promote maximum creativity without forcing the data into a predefined framework.

Participants

The participants were 13 volunteers who were recruited through newspaper and listserv advertisements in a large Western Canadian city. Selection criteria included the following: (a) minimum age of 18 years; (b) significant shame experience that occurred in adulthood; (c) perception that progress had been made toward recovering from the situation or event; and (c) willingness and ability to articulate the shame experience and recovery processes. A "significant shame experience," while dependent on the perspective of each participant, generally meant a specific situation or event where the participant felt significantly distressed by shame. The meaning of "recovery" also depended on participants' point of view but in all cases involved a perceived lessening of the shame over time.

Participants were 9 females and 4 males who ranged in age from 24 to 70 years old (mean 40.2 years, median 36 years). The experiences that participants disclosed occurred between 10 months and 26 years prior to the first interview (mean 6.4 years, median 4.0 years). Nine participants were married or common-law, 3 were single, and 1 was divorced. Eight participants identified their ethnic background as Caucasian, 2 as Aboriginal, 2 as South Asian, and 1 as Middle Eastern. Specified religions were 5 Christian, 1 Muslim, 1 Buddhist, 3 Atheist/Agnostic, and 3 "Other" (e.g., goddess-based). Three participants were gay or lesbian. Ten participants had completed university degrees, 2 had completed or partially completed college diplomas, and 1 had partially completed high school. Four participants reported having received individual or group psychotherapy at the time of the experience, while an additional 3 participants disclosed the experience in therapy 2 or more years after the experience.

Data Collection

In keeping with grounded theory, *theoretical sampling* was used in the selection of participants and in the types of shame experiences sampled. With theoretical sampling, data collection and analysis occur simultaneously, and sampling choices are based on the ability of the data to contribute to the emerging theory (Glaser, 1992; Glaser & Strauss, 1967; Strauss & Corbin, 1998). Heterogeneity in the sample is generally preferred, as it contributes to a richer theory and a fuller understanding of the processes under study. As Glaser and Strauss (1967) indicate, when building a grounded theory it is important to maximize differences among the individuals as this "brings out the widest possible coverage on ranges, continua, degrees, types, uniformities, variations, causes, conditions, consequences, probabilities of relationships, strategies, process, structural mechanisms, and so forth, all necessary for elaboration of the theory" (p. 57). In this study, heterogeneity was reflected in the diversity of participants and shame events. For example, some cases involved shame resulting from social or moral transgressions, while other cases involved personal failure, trauma, or social ostracism.

The primary source of data was from a total of 30 audiotaped interviews with the participants. Each participant was interviewed at least twice, with the first interview lasting an average of 1 ½ hours and follow-up interviews lasting an average of 45 minutes. The follow-up interviews were conducted between 3 weeks and 5 months (average 2 months) after the first interview. All interviews were face-face, except for three follow-up interviews that were conducted over the telephone. In addition to these 30 interviews, further interviews were conducted with 10 of the participants to elicit their feedback on the evolving theory, while another participant gave written feedback on the theory. Before the start of the initial interview, I reviewed with each participant the research study information sheet and informed consent form that were provided prior to the interview (see Appendices A and B), and I answered any further questions that the participant may have had. Each participant was also asked to complete a brief participant information sheet (see Appendix C).

The interviews themselves had a conversational tone, with mainly open-ended questions related to the research question, and unfolded at the pace of participants. A series of questions (see Appendix D) provided a semi-structured format for the interviews. Prior to the interviews, I piloted the interview questions with a volunteer and made refinements to them. The interviews were guided by participants and by the unique information that each provided. New directions for inquiry emerged as part of data analysis and theory development. During each interview, further clarifying questions were asked to increase my understanding of the meanings and interpretations of participants. In addition, I attended to participants' tone of voice and nonverbal expressions (e.g., body and facial expressions), as these convey essential aspects of meaning. Throughout the process, every effort was made to provide an atmosphere of warmth, openness, and acceptance, as these qualities are essential for developing rapport.

At the beginning of the interview, participants were informed that I would send them a transcript of the interview for their review and that if they were willing, I would contact them for follow-up interviews as data analysis unfolded. Participants were also invited to contact me at any time to discuss the research or any further reflections that they may have had. After the interview, I also completed (a) a contact summary sheet that included the date, time, and location of the interview; (b) field notes in which I recorded my observations of the gestures, expressions, and other behaviours of the participants; and (c) journal entries/memos on my overall impressions, reactions, reflections, and insights related to the interview. Each interview was transcribed verbatim, including pauses and hesitations.

In addition to the interviews, participants were invited to write about their experience of shame prior to the initial interview, after the interview, and at any time during the data collection and analysis stage. With participants' permission, the written entries would then be used as part of data analysis. Four participants followed up on this invitation by e-mailing me additional thoughts that they had after the interview. One participant submitted two short stories that she had written related to her shame experience.

Data Analysis

I used the grounded theory procedures and techniques of Glaser (1978, 1992), Glaser and Strauss (1967), and Strauss and Corbin (1998) to complete the data analysis. Consistent with grounded theory, data analysis occurred concurrently with data collection. Data analysis occurred in three phases: open coding, axial coding, and selective coding. Although these phases generally progressed toward higher levels of abstraction and toward the creation of a theory, analysis moved back and forth between types of coding rather than occurring in a tidy step-by-step sequence.

Open coding involved breaking down and labelling the data into conceptual categories based on the meaning of the data. To begin with, I read through each transcript one or more times to develop a sense of the overall context of the data. I then focused my attention on the meaning units (i.e., words, phrases, sentences, or ideas) within the interview transcripts and asked myself: What are the major ideas or concepts here? Based on my interpretation of the data, one or more categories were assigned to each meaning unit. As part of the categorization process, I looked for similarities or differences in the meaning units. This enabled me to group together similar concepts into a specific category and to differentiate categories from one another. The process of analyzing meaning units in terms of their similarities and differences is what is known in the grounded theory literature as the *constant comparative method of analysis* (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Constant comparison occurs at all levels of data analysis and leads to greater analytic precision, richness, and validity. Furthermore, in naming categories during open coding, as much as possible I used the words and language of the participants. As Rennie, Philips, and Quartaro (1988) state, this "serves as a check against straying from the substance of the data" (p. 143).

Axial coding, in the words of Strauss and Corbin (1998), is "the process of relating categories to their subcategories, termed 'axial' because coding occurs around the axis of a category" (p. 123). During this phase of data analysis, I constructed code hierarchies whereby the categories created during open coding were grouped together under higher-level categories, based on the relationships or theoretical connections between categories. Strauss and Corbin suggest that in analyzing these relationships particular attention be paid to the conditions, consequences, actions, and interactions of the phenomenon under study. While this suggestion helped to stimulate my thinking in the present study, I heeded the advice of Glaser (1978, 1992), who cautions against forcing data into a preconceived framework and suggests that researchers remain open to whatever types of theoretical relationships emerge in the data.

Selective coding is the process through which data analysis becomes integrated and refined into larger theory. In this phase, I specified a central category that represented the main theme of the research and that explained what "this research is all about" (Strauss & Corbin, 1998, p. 146). I also constructed a theoretical framework that "fit" the data and pulled together the categories into a coherent whole that helped to explain the relationships between categories. At this stage, as well as at the open coding and axial coding stages, I conducted new or follow-up interviews with participants to ensure that categories upon which the theory was built were *saturated* or well-developed. *Theoretical saturation* means that no new properties emerge from the data and that most of the variation in the data has been accounted for in the theory (Glaser & Strauss, 1967). Saturation is never an absolute but is more a matter of degree (Strauss & Corbin, 1998). I stopped data collection when the new data that was gathered added little to the theory being created.

Throughout data analysis, I wrote memos in which I reflected upon concepts, relationships between categories, and theoretical understandings. Thus, the memos served both as an analytical tool and as a record of my ideas, insights, hunches, analyses, reflections, and questions as the theory evolved. I also kept memos on my biases, assumptions, impressions, and process as the researcher.

ATLAS.ti 5.0, a software program for qualitative data management (Muhr, 2003), was used to assist with data analysis. Through ATLAS.ti, I was able to import interview transcripts; highlight, store, and retrieve selected quotations; attach codes to quotations; sort and retrieve codes; create multiple levels of codes through "code families" and "super-code families"; represent code hierarchies in pictorial form; and write and retrieve memos. While I used ATLAS.ti to help organize the data, the actual analysis and interpretation of the data was left to me.

Establishing the Quality of the Study

Glaser (1992) suggests four criteria for determining the quality of a grounded theory: fit, work, relevance, and modifiability. In his *Basics of Grounded Theory Analysis*, Glaser states:

> If a grounded theory is carefully induced from the substantive area its categories and their properties will fit the realities under study in the eyes of subjects, practitioners, and researcher in the area. If a grounded theory works it will explain the major variations in behaviour in the area with respect to the processing of the main concerns of the subjects. If it fits and works the grounded

> theory has achieved relevance. The theory itself should not be written in stone or as a "pet," it should be readily modifiable when new data present variations in emergent properties and categories. The theory is neither verified nor thrown out, it is modified to accommodate by integration the new concepts [*sic*]. (p. 15)

When these criteria are met, the theory provides a conceptual approach to action and can help guide change.

Maxwell (1992, 1996) uses the term *validity* to refer to the trustworthiness of the descriptions, interpretations, and conclusions of the qualitative research study. Validity consists of the strategies used to rule out alternative explanations or ways in which the findings might be wrong. Maxwell defines four types of validity that should be addressed in a qualitative study: descriptive validity, interpretive validity, theoretical validity, and generalizability.

Descriptive validity refers to the factual accuracy and completeness of the data. If the descriptions or interview transcriptions are incorrect or incomplete, the conclusions and interpretations founded on the data are called into question. I maximized the descriptive validity of the study by: (a) audiotaping the interviews and transcribing them verbatim (including pauses); (b) sending transcripts to participants to confirm the accuracy of the account; (c) keeping detailed and concrete field notes of my observations of each interview; and (d) maintaining the participants' language as much as possible in the generation of descriptive accounts.

Interpretive validity refers to the extent to which the research captures participants' meanings (i.e., intentions, thoughts, feelings, beliefs, evaluations, and other aspects of the participants' perspectives) and minimizes researcher bias. The main threat to this type of validity according to Maxwell (1996) "is imposing one's framework of meaning, rather than understanding the perspective of the people studied and the meanings they attach to their words and actions" (pp. 89-90). I addressed the need for interpretive validity by: (a) asking interview questions aimed at clarifying participants' interpretations; (b) avoiding the use of leading questions and minimizing the use of closed questions that do not give participants the opportunity to reveal their perspectives; (c) being aware of my own assumptions and biases through memo writing and bracketing these biases as part of the research process; and (d) performing member checks in which I sent participants copies of the interview transcripts for their review and requested feedback on my interpretations of the data. Rennie et al. (1988) also suggest that in grounded theory, bias is reduced through using the constant comparative method, which increases credibility by demonstrating "that different individuals say the same thing" (p. 147).

Theoretical validity pertains to the validity of the theory constructed by the researcher—specifically, the validity of the concepts or categories that comprise the theory and of the theorized relationships between the concepts. The grounded theory methods of constant comparison, theoretical sampling, and saturation intrinsically address this issue. Specifically, I maximized the theoretical validity of the study by: (a) carefully exploring similarities and differences in the data and actively seeking out discrepant data, negative cases, and extreme cases; (b) collecting data from a diverse range of individuals; and (c) continually searching for alternative explanations for the data. In addition, I asked for feedback on my understandings and conceptualizations from participants, supervisory committee members, and colleagues.

Generalizability, or what is more commonly referred to as transferability in the literature (Golafshani, 2003; Lincoln & Guba, 1985; Shenton, 2004), is found in findings that can be extended to persons, times, and settings other than those studied. On the subject of transferability in grounded theory studies, Chenitz and Swanson (1986) write: "The greater the range and the variation sought through theoretical sampling, the more certain that the data is generalizable to other members of the same class or units as the phenomena under study" (p. 13). Rennie et al. (1988) argue that through theoretical saturation, the grounded theory researcher is able to find commonality across the theoretical sample. This commonality is then communicated to the reader in the resulting theory. In addition, rich data and thick descriptions help readers judge the applicability of the research findings to their own experience and settings (Lincoln & Guba, 1985; Maxwell, 1996; Miles & Huberman, 1994). Along these lines, I enhanced the transferability of the study by: (a) using theoretical sampling and theoretical saturation to produce rich and varied data; (b) writing thick descriptions; and (c) asking for participants', colleagues', and supervisory committee members' feedback on the transferability of my research findings.

The trustworthiness of a qualitative research study also includes the dependability or consistency of the findings (Lincoln & Guba, 1985). With reference to dependability in grounded theory, Chenitz and Swanson (1986) state: "Since grounded theory is derived from the researcher's skill, creativity, time, resources, and analytic ability, no two analyses will be exactly alike, since no two researchers are exactly alike" (p. 14). With qualitative research in general, a basic epistemological assumption is that there is no "correct" version of reality and that each individual involved in the research has a unique perspective. Dey (1993) suggests that because we cannot expect that others will replicate our account, "the best we can do is explain how we arrived at our results" (p. 251). Dependability thus entails being able to show the specific procedures used and steps taken to arrive at the results and conclusions. To this end, I kept an audit trail of my data collection and data analysis processes. This audit trail consisted of the transcripts, contact summary sheets, participant information sheets, participant e-mails, field notes, memos, personal reflections, and any other notes or documents written and/or used as part of data collection and analysis.

My Initial Orientation Toward Shame

I came to the study of shame with impressions, assumptions, and understandings from my work as a researcher and counsellor and from experiences in my personal life. I had just completed my Master's thesis research in which I had explored the effectiveness of journal writing for individuals who had gone through a relationship break-up. One of the things that struck me in reading participants' journal entries was the extent of shame—especially the painful feelings of rejection, self-blame, self-judgment, powerlessness, and failure—expressed by several of the participants. These were feelings that I could easily relate to, having gone through a break-up of my own. Around the same time, I was interning as a co-facilitator in a therapy group where a group member shared her experience of a public scandal that had resulted in her being fired from her job, losing her reputation in the community, and falling into a deep state of depression. What moved me most in her story was hearing how, from a place of extreme shame, isolation, chaos, and despair, she recovered her sense of hope and strength, and once again was able to hold her head up high in the community. Her journey toward healing was helped largely through turning to close friends and to her religious community for support.

In my training as a counsellor, I also came across an article by Allan Schore, a researcher in the field of neuropsychology and attachment, where shame was described as a "master emotion" (see Schore, 1996). Schore went on to explain how shame results from misattunements between the infant and primary caregiver. If these misattunements are adequately repaired, shame helps to promote neurobiological and social development. I was fascinated by this theory, and, having already been sensitized to some of the detrimental effects of shame from my previous experiences, I was determined to learn more about this important emotion.

What soon became apparent in my initial ventures into this research area is that shame is not something that we talk about very often. More than once, when I mentioned to others that I wanted to study shame, the response I received was a polite nod, along with a "Hmmm" or "That's interesting," followed by a quick change of subject. I wondered why this was so, why the topic of shame often generates so much discomfort. And, by extension, if people are reluctant to talk about shame, what does this mean for those who are struggling with this emotion and who need help? From my reading of the research literature, I could see that shame was associated with many mental health problems, such as depression, addictions, and posttraumatic stress. The need for more research on shame was obvious to me, and I became increasingly determined to understand how individuals distressed by this emotion can find relief.

Based on the above, I began the present research study with the following core assumptions, biases, and beliefs:

- Shame can be an intensely negative and debilitating emotion, so much so that people often fear it.
- Shame involves negative self-judgment, feelings of exposure and powerlessness, and the desire to hide or withdraw from social contact.
- Shame is related to attachment and involves the perceived threat of disconnection from "important others"; paradoxically, shame can also cause us to distance from those same others.
- We all have the need for social status and power; shame signals a threat to this need. Here, I was strongly influenced by Paul Gilbert and the psycho-evolutionary perspective (see Gilbert, 1997, 1998).
- Shame is not "all bad"; it can serve vital developmental functions and can alert us to the need to protect against threats to our well-being.
- In healing from a significant shame experience, having support from one's friends, family, and community can be crucial.

In initially defining shame as an emotion involving self-judgment, exposure, powerlessness, and the desire to hide/withdraw, I also wanted to stay open to whatever definitions and conceptualizations of shame emerged from participants' subjective accounts. This was in keeping with the grounded theory methodology used in the study. In addition, although I initially gravitated toward attachment and psycho-evolutionary perspectives on shame, I also realized that it was essential to actively explore other possibilities as they arose in the research process.

My Process as the Researcher

If there were four terms that best summarized my process as a researcher, they would be *getting lost in the details*, *trusting*, *letting go*, and *integrating*. In the initial stages of open coding, I started with a few tentative categories that quickly swelled into hundreds of categories, less than halfway through the interviews. Retrospectively, I see that the initial proliferation of categories was due in part to my inexperience and anxiety as a novice grounded theory researcher, partly out of enthusiasm about ATLAS.ti (the qualitative data management software that I was using), and partly due to my natural tendency to make sure that no stone is left unturned. In reviewing my memos, I also see how I would arrive at a big "Aha! *This* is what's really happening here" (where *this* was "reconnecting," "empowering," or whatever the main theme appeared to be at the time), only to find myself saying, days, weeks, or months later, "No, it's not *this*—it's *that*!" I seemed to be very anxious about knowing, with some degree of confidence, which answer was "right": *this*, *that*, or the *other thing*.

Over time, I was able to let go of most of my anxiety and to trust the process of grounded theory. One of the things that helped me most in this regard was the constant comparative method, which helped me chart my course through the sea of data before me. I remember reaching a point in data analysis when I realized, with much excitement: "This method really works!" I had reached theoretical saturation. I was also able to let go of "either/or" thinking, as in "It's *either* 'this' *or* 'that'" and move to a more holistic and integrated perspective, where *both* "this" *and* "that" were part of a larger, multi-dimensional whole. This movement away from the unidimensional and linear was also reflected in my transition from a stage theory that I had developed midway through the study to the present theory that fit better with the complex, mutually influencing, and often co-occurring processes evident in the data.

In addition, through the process of research, I shifted in some of my initial biases and assumptions. When I first began the study, I had strong leanings toward the attachment and psycho-evolutionary perspectives on shame (see the section entitled "My Initial Orientation Toward Shame" in the Methodology chapter of this document). I had focused very little on theories of self, self-concept, and identity, and how these were related to shame and other emotions. As data analysis and collection progressed, the self became more and more central to my understanding of shame. Furthermore, not only did my view of shame change, but in my interactions with other people and with therapy clients I became much more sensitive to issues related to shame and the self. I now pay particular attention to needs related to self-concept, identity, power, control, social belonging, and connection. I am also more mindful than ever of the detrimental effects of negative judgment and of the therapeutic benefits of acceptance.

Ethical Considerations

Prior to the first interview, participants were provided with information about the study, and their consent to participate in the study was obtained. I answered participants' questions and addressed their concerns on an ongoing basis throughout the research process. Participants were also informed that their involvement in the study was completely voluntary and that at any time they could refuse to answer questions, could withdraw their statements, or could withdraw entirely from the study without explanation or penalty. Because the interviews had the potential to elicit feelings that were unresolved or troubling for participants, each participant was provided with a list of counselling resources should they wish to seek psychotherapy. To assure participants of privacy, all records (including written/printed data, audiotapes, and computer files) were securely stored. The anonymity of participants was protected through the use of pseudonyms in place of their real names and through the removal of identifying details in their accounts. After transcribing the interviews, I sent the transcripts to participants for verification. I also asked for clarification and feedback of my understandings and interpretations during data analysis.

CHAPTER FOUR: FINDINGS

This chapter begins with brief vignettes of participants' shame experiences, followed by an analysis of the experience of shame. Together, these sections provide the context for the remainder of the chapter, in which I present a grounded theory of how adults recover from significant shame events, based on the perspectives of the participants.

Introduction to the Participants and Shame Events

The 13 individuals who participated in this study disclosed a broad range of events and situations that elicited shame. These can be grouped into four main categories of shame experiences, as indicated below. It should be emphasized that these are rough groupings only; there is considerable overlap in the types of events disclosed, and many of the events can fit into multiple categories.

1. Social, moral, or personal transgression:
    - Becoming drunk and blacking out at a major family function
    - Lying to a friend, resulting in rejection by the participant's religious community
    - Being convicted of stealing an inexpensive item from a store
    - Being involved in a "love triangle"
    - Breaking psychotherapy group rules by becoming friends with a fellow group member
    - Being accused of rape

2. Personal failure:
    - Being turned down for medical school two years in a row
    - Declaring bankruptcy
    - Ending a marital engagement
3. Ostracism or social rejection:
    - Being shunned by family members at a family gathering
    - Being convicted of a highly publicized crime
    - Feeling inadequate and exposed when meeting one's biological father for the first time
4. Trauma:
    - Being raped

In the sections below, I present brief vignettes of participants' shame events. With each story, any potentially identifying information or details have been changed in order to protect participants' anonymity.

Social, Moral, or Personal Transgression

Sandra. Sandra is a woman in her mid 40s who described a shame incident that occurred when she was a young adult. For her parents' 25th wedding anniversary, Sandra had arranged a party to which she had invited over a hundred people from miles around her hometown. Up to that point, Sandra had been a grade "A" student, had excelled in sports, and from all appearances was leading a highly successful life. However, unbeknownst to the people in her community, Sandra had also become a heavy drinker—a problem that she herself did not acknowledge until many years later. At the anniversary celebration, Sandra became very drunk, blacked out, regained consciousness, made a speech, and then left the party, after which point she promptly blacked out again. The next morning when she woke up, she realized that she had been "found out" and that others now saw her for the failure that she truly believed herself to be.

Natasha. Natasha is a Muslim woman in her late 20s who, at the age of 19, was asked out on a date by a male friend from her college Mosque. Natasha felt very nervous about the date, as she had no previous experience with the opposite sex. This was in contrast to her male friend, who was known to be relatively experienced and quite popular with women. While on the date, in an attempt to raise her status in her friend's eyes, Natasha invented a story about having another male admirer who had written her a note expressing his attraction for her. Natasha's lie backfired on her, however, when her friend said that he did not believe her and asked to see the note. In an effort to cover up her lie, Natasha questioned how he could possibly doubt her word. Her friend soon withdrew his request and apologized for doubting her honesty. Natasha went home that evening, feeling intense shame, both for lying and for causing her friend to believe that it had been him, and not her, who had been in the wrong. The next day, she confessed her lie and apologized for her behaviour, only to be shunned both by her friend and by the entire congregation at their college.

Alex. Alex is a 32 year-old South Asian professional who, since he was a small child, would shoplift more for the thrill of danger than from the desire for any monetary reward. This habit persisted into adulthood, where at the age of 28, he was stopped by a store employee after stealing a ten dollar item from the store. Alex immediately ran out the door to escape being caught. However, two customers who were also in the store at the time chased after him and managed to restrain him, after some resistance on Alex's part. With blood running down his body from falling to the ground during the altercation, Alex was brought back into the store. The police were then called, and when they arrived Alex was handcuffed and forced to sit in the police car while the charges were written up against him. He was later convicted of petty theft, ordered to pay money to a charity, and placed on probation. This incident left Alex with the shame of being caught shoplifting and resisting arrest.

Veronica. Veronica is an Aboriginal woman in her early 40s who until a year ago participated for several years in what she described as a "love triangle" involving her common-law partner, his long-term lover, and herself. When she first began the relationship with her partner, he had told her that he had broken up with his last girlfriend and was no longer in contact with her. Initially, Veronica believed him, even when he would periodically disappear for days on end. Over time, however, it became increasingly obvious to her and to many members of her community that her partner's last relationship was *not* over, and that he was travelling back and forth between the two women. Veronica's shame came from continuing the relationship with her partner even though she knew that he was having an affair and had been lying to her about it the entire time. In Veronica's words, she "knew better" and "knew it was wrong." She felt shame for being too "needy" and "weak" to break off the relationship, for "settling" for someone who was treating her so poorly, and for falling short of her family's expectations.

Rachel. Rachel is a woman in her early 30s who, a year ago, participated in a psychotherapy group for individuals with mood disorders. During coffee breaks, Rachel would regularly strike up a conversation with another female member of the group. Initially, the two women were careful to maintain a distance from each another, since they had both agreed to abide by one of the group rules which specified that members would not form friendships with one another outside of the group. However, over the months a friendship did develop, to the extent that Rachel and her new friend spent much of their spare time in each other's company. Although Rachel made a conscious effort to hide the relationship from the group, she also tried to convince herself that her behaviour was not a problem. Meanwhile, members of the group began to drop out in increasing numbers, citing "trust issues" and lack of group cohesion as their reasons for leaving. One member, in particular, felt hurt and betrayed by another member who had lied to the group about her whereabouts during a prolonged absence from the group. It was then that Rachel realized the potential harm that she was causing others through her actions. With this realization came the shame from seeing, for the first time, that she was not the "honourable" person she had believed herself to be.

Morgan. Morgan is a gay male who had an affair with Sean, a man that Morgan had met at a party. The relationship lasted on and off for about 6 years. During one of their "off" periods, Sean called Morgan at work, asking if he would come over to his home. Interpreting this as a sexual invitation, Morgan went to Sean's home and had sex with him. After that night, they would occasionally run into each other in the community, but there was no further intimacy between them. Then, a year ago, Morgan received a phone call from a senior manager at his workplace, informing Morgan that Sean had sent a letter to the company where Morgan worked, essentially accusing him of rape. In the letter, Sean stated that on that night four years ago, he had called Morgan in his role as a professional, to ask for advice on a personal matter that had been causing Sean considerable emotional distress. According to Sean, instead of providing professional assistance, Morgan took advantage of him sexually, when Sean was feeling too weak to protest. This was in contrast to the experience of Morgan, who until the letter appeared had believed that Sean had consented to sex. Morgan met with senior management to discuss the situation. When he looked in his managers' eyes and saw that they accepted Sean's version of the story, he was overcome with shame. Morgan suffered the further shame of being demoted in his position at work. The event propelled him into an intensive questioning of his own judgment and character, with Morgan wondering if perhaps he was not a person he "could be proud of."

Personal Failure

Lucy. Lucy is a 36 year-old woman who, in her mid 20s, decided that she wanted to become a medical doctor. In her words, she was a "doer"—someone who went after her goals and always achieved them. Driven by the motivation to help people and make a significant contribution to scientific knowledge, she went back to university and took courses in pre-medicine. She then applied to medical school, only to have her application rejected. To “fail in front of so many people,” including friends, family, and colleagues, left her with intense feelings of shame. However, thinking that perhaps she just needed to complete more coursework in order to be accepted into the program, she re-applied for admission in the following year. Once again, her application was turned down. This second blow was even more devastating than the first. Feeling “ashamed,” “lost,” and “exposed,” and seriously questioning her own abilities and identity, Lucy put her dreams of becoming a doctor behind her.

Julie. Julie is a 52 year-old woman who had been divorced from her ex-husband for several years prior to the incident. The divorce had left her with no financial assets to speak of, although she had just gotten a new job and was starting to turn her life around and regain a sense of independence. One day, 4 years ago, Julie received a call from a collections agency, saying that she owed the bank twenty-four thousand dollars. Thinking that a mistake had been made, Julie ignored the call. More calls came, with each call becoming nastier and more threatening. Julie finally called back the collections agency, who informed her that she had money owing on a line of credit that she had co-signed with her ex-husband at least ten years earlier, while they were still married. Unbeknownst to Julie, her ex-husband had declared bankruptcy two years ago, without paying the outstanding balance owing on the line of credit. Now the bank was coming after Julie for the money. Faced with a debt that she could not possibly pay, Julie declared bankruptcy. The event left Julie with the feeling that despite her recent efforts to rebuild her life, she “was really a failure” and could not look after herself after all.

Maria. Maria is a 26 year-old woman from an Orthodox Christian community in Canada. A year and half ago, she met a young man, Tyler, through the Internet. Although Tyler was from Europe, the two shared a similar Middle Eastern cultural background and were both Orthodox Christians. Over a period of several months, Maria and Tyler developed a long-distance romantic relationship. Seven months later, and without having met in person, the two became engaged to marry. Arrangements were made for Tyler and a few members of his family to come to Canada for a week to meet Maria and her family. During their visit and in keeping with Orthodox Christian tradition, a formal engagement party would be held, to which most of Maria's friends and her Church congregation would attend. When Tyler and his family arrived, Maria was shocked to find Tyler and his family treating her in a manner that was "rude," "indifferent," and "abusive," often in front of her family and friends. Despite her growing misgivings, she went ahead with the engagement party. Much to her embarrassment, Tyler and his family arrived at the party an hour and a half late. To make matters worse, Tyler had not bothered to get Maria an engagement ring. Hurt, dejected, and ashamed, Maria broke off the engagement, just five days after becoming officially engaged.

Ostracism or Social Rejection

Dawn. Dawn is a transgendered woman in her middle years who began living as a female over a decade ago. The shame incident that she disclosed occurred approximately 7 years ago, at the funeral of a gay cousin. Dawn had arrived at the gathering with the hope of re-establishing contact with some relatives in her extended family, many of whom had distanced from her after her sex change operation. She had also hoped that at the funeral she would be acknowledged and accepted as a legitimate member of the family, especially since she had nursed her deceased cousin in the latter part of his life, when no one else would. Instead of being met with acceptance, however, Dawn was shunned and ignored by several of her relatives. One relative spoke to her with extreme contempt. Along with the shock and anger that she felt at the time, Dawn also felt shame for not being as powerful and desirable as she thought she was, and for not being able to gain her relatives' respect.

Tom. Tom is a male in his mid 40s who, after having been assaulted multiple times in the past, began carrying around a gun replica (i.e., an imitation firearm) to protect himself in case of further attack. Seven years ago, he was sitting in a government office, waiting to see an agent regarding his taxes, when a host of police officers swarmed into the office and surrounded him. With their guns pointed directly at him, they forced him to the ground and handcuffed him, in front of a crowd of onlookers. In a state of bewilderment and panic, Tom kept asking what he had done wrong. He received no answer. Tom was brought to the police station where he was charged with unlawful possession of a concealed weapon. He later learned that one of the support staff at the government office had noticed what looked like a gun poking out from Tom's jacket. Throughout the incident and after his criminal conviction, Tom maintained his innocence, insisting that he had done nothing wrong, that his gun was not real, and that he had it on his person strictly for self-defense. However, the incident had been splashed all over the news, and people whom he had once considered to be his friends began to avoid him. Overwhelmed with the shame that came from being regarded as "a criminal" and feeling powerless to change others' opinions of him, Tom fell into a deep depression.

Johnny. Johnny is an Aboriginal male in his mid 20s who as an infant was adopted by a White Euro-Canadian couple. Johnny had always wondered who his biological parents were, until 2 ½ years ago, when an acquaintance of Johnny's told him that she knew who his biological father was—a man by the name of Stan. A week later, she gave Johnny Stan's telephone number, saying that he wanted Johnny to call him. Nervous and excited at the same time, Johnny gave his father a call. Stan asked question after question about Johnny's life: Had he gone to school? What did he do for work? Did he have a car? These questions left Johnny feeling like a disappointment to his father and a "loser" as a human being. His sense of shame was heightened by Stan's comment that Johnny sounded "just like a White Person." At the end of conversation, they agreed to meet each other the next weekend. When they did meet, it was over breakfast at a restaurant with Stan, his wife, and children, all of whom were Aboriginal. During the entire conversation, Johnny felt "vulnerable," "exposed," and inadequate. Furthermore, in meeting with Stan and his family, Johnny realized for the first time that he truly was Aboriginal, and that all of the stereotypes that people might have about Aboriginals could be said about him. Caught between the feeling of being too "White" in the eyes of his father on the one hand and feeling painfully self-conscious of being Aboriginal on the other, Johnny wanted to run away and hide.

Trauma

Lila. Lila is a 36 year-old woman whose shame experience involved a rape that occurred 10 years ago, while she was travelling overseas. On the night when she was raped, she had been out drinking and dancing with two male acquaintances. After two drinks, she found herself feeling unusually dizzy and "spaced out." Thinking that she had simply had too much to drink, she continued dancing. Within a minute, she lost consciousness. The next thing she remembered, she was on a bed in a hotel room, being unable to move her body, with one of the male acquaintances having sex with her. She felt very confused and kept telling herself, "How could I be so drunk?" She fell asleep shortly thereafter and awoke the next morning feeling intense shame, thinking that the whole incident was her fault because she had "flirted too much," "drank too much," and wore a skirt that was "too short." It was only 6 years later, when she first heard about the date rape drug, that she began to put the pieces together and realized that she had been drugged and raped.

The Experience of Shame: Assault on the Self

In the accounts of participants, shame presents as an emotion that throws individuals into a painful state of disequilibrium and overwhelms their ability to cope. How individuals view themselves and relate to the outside world comes under intense attack. Shame strikes at the core of the individual's being, with the most positive aspects of the self bearing the brunt of the attack. Specifically, shame (a) undermines the individual's positive self-concept; (b) damages the individual's connection to others; and (c) results in a diminished sense of power and control. I use the term *Assault on the Self* to represent this phenomenon. The characterization of shame as an assault on the self is evident in the language that participants used to describe their experiences. Participants perceived themselves as being "beaten down," "thrown back," "threatened," "hit," "attacked," "shaken," "shattered," "knocked down," "broken," "wounded," "bowled over," and "devastated" by shame. This assault is associated with efforts at avoiding the pain and with withdrawal behaviours.

Assault on the Self-Concept

Shame is experienced as an overwhelming assault on self-concept and identity, on how individuals define themselves and who they perceive themselves to be. The primary means of assault are negative judgments, whether these judgments originate from others or from oneself. As the participants in this study indicated, individuals in the throes of shame may view themselves as "bad," "flawed," "weak," "wrong," "worthless," "inferior," "incapable," "stupid," "small," or otherwise inadequate. Individuals may also come to regard themselves as less attractive to other people, sometimes to the point of perceiving themselves as the object of disgust, contempt, or pity.

Generally, negative self-judgment is accompanied by self-blame. Most individuals experiencing shame blame themselves to some extent for their situation. The belief is that the event happened because "I'm bad" or "It's my fault." The assumption of blame occurs with little, if any, real insight into the causes and context of the event. Within self-blame are elements of anger and aggression directed at the self. As Veronica stated it, "Shame *is* about beating yourself up, being angry with yourself." Speaking about the shame that she experienced from being involved in a "love triangle," she explained:

> I was mad at *me*. Somehow *I* did this, all these circumstances, and I was mad at myself for allowing this to occur.

For some individuals, anger and blame are directed outward, toward others. In participants' accounts, this was most likely to occur in situations where there was a perception of unjust treatment at the hands of another person or group of people (see the section on "Shame and Humiliation"). Anger can also occur as a general protest against one's situation or as a reaction to feelings of powerlessness. For example, after being caught and convicted of shoplifting, Alex became "angry at the whole world" and felt "hatred" for the chain of stores where the incident occurred. This was despite his awareness that his situation was no one's fault but his own. In cases where individuals do blame others, they may still reserve some blame for themselves through the belief: "Even though others *were* at fault, I am still to blame for allowing this to happen."

Through negative judgments and self-blame, shame strikes at the positive beliefs that are most central to the individual's self-concept. The individual comes up against the realization that "I am not the person I thought I was." Participants described this as "a shattering of who I am," "a break in my vision of myself," and "a loss of my idea of me." For many individuals, a loss of positive self-concept results from falling short of one's own standards. This can be seen in Natasha's account of how her experience of lying impacted her sense of self:

> I think a lot of it had to do with my view of what an ideal woman would have been…and the expectation of being pious and religious and virtuous and kind and considerate. All of those things that I admired so much in myself and that I had in my head as being an ideal woman were shattered when I lied.

Damage to one's self-concept can also arise from the perception that one has fallen short of other people's standards and expectations, as evident in the case of Johnny, who described how he felt shame when talking to his biological father for the first time:

> My father said, "Do you drive? You *don't drive*? How old are you?" I said, "Twenty-one." He said, "How come you don't have a car yet?" I said, "I don't know"…I don't know why I don't have a car. I guess I'm supposed to have a car or something…There were a lot of things that he maybe thought he would have raised his kids to be like or something, and I wasn't like that at all. So I was feeling a little small. I didn't want to be a disappointment, like, "I met my son after 21 years, and he's a loser."

This theme also emerged in Veronica's story, where her shame came in large part from allowing herself to be mistreated by her boyfriend when so many people in her community had thought of her as a "bright and no-nonsense woman."

With the realization that they are not who they thought they were, individuals may engage in an intensive process of self-questioning. This was true for Natasha, who explained:

> I didn't believe in white lies. It was either you lied or you told the truth, and you need to tell the truth. So I was a very truthful person. So it was like, who am I, then, if I'm capable of lying?...It was a dumb thing to lie about, but there it was. I had done it. And now what does that make me?

In the midst of self-doubt and confusion, the individual's self-confidence may be severely shaken. Rachel, whose shame came from breaking the rules of her psychotherapy group by covertly striking up a friendship with a fellow group member, recalled:

> It really shook my confidence in my own judgment in both myself and outside circumstances…It shook me because it mattered to me a lot that I was honourable. And I had just proven myself not to be because I broke my own word because I said that I would and could follow these rules. So deciding to give my word again became rather scary because I was no longer sure I could keep it.

Shame may further threaten the individual by reinforcing pre-existing insecurities and negative self-beliefs. For example, after being sexually assaulted during her overseas travels, Lila used the rape as evidence of her inherent "badness":

> That's the lesson I've been taught up until that point—"You're bad, you're a whore," or whatever those words were that were said to me all those years. So this was kind of like the icing on the cake. It was like, "Aha! It *is* true!"

Similarly, the shame that Julie experienced from declaring personal bankruptcy echoed negative judgments from the past:

> The experience of shame in the bankruptcy was that I was indeed a bad person, that what my mother said was true, that I hadn't amounted to anything.

Assault on the Self in Relation to Others

Shame strikes not only at the core of the individual's self-concept and identity, but it also damages the individual's connection to the outside world. During a shame event, individuals experience a painful sense of isolation and disconnection from the outside world. Lila described this as "feeling completely lost, like there was no one to turn to." Similarly, Natasha felt "distant from everything, and alone from everything, including God." Additionally, shame leaves individuals feeling transparent and exposed in the eyes of others. For instance, what troubled Sandra most about becoming drunk and passing out at her parents' anniversary party was that others "had seen a part of [her] that [she] didn't want anyone to see," thus making her more vulnerable to attack.

In response to feeling exposed, the individual experiences an overwhelming impulse to escape from public view. Participants described how they wanted to "run," "leave," "go away," "get out," "hide," "disappear," or "just melt away"—anything to remove themselves from the harsh gaze, real or imagined, of other people. Many participants found it difficult to meet people in the eye. Some also noted physical sensations of nausea; tightness in the throat, chest, or stomach; sensations of cringing; and reddening of the face.

A sense of powerlessness is another defining feature of shame. In particular, shame leaves the individual feeling paralyzed in the face of judgment or attack and powerless to influence others' actions and opinions. For example, when Tom was charged and convicted of unlawful possession of a concealed weapon, he felt powerless to convince others that he "was not the crook people perceive [him] to be":

> No matter what you say or what you do, they're not going to listen. They'll go, "Oh yeah, right"…There's no way in hell you're going to reverse their opinion of you.

The powerlessness that accompanies a shame event may further undermine the individual's overall sense of power, control, and self-efficacy.

Along with a diminished sense of power is a perceived loss of social status. Shame is experienced as a fall from one's previous position of social influence. One's reputation may be perceived as being tarnished or diminished. Maria, for instance, used the term "ruining" to describe her experience of ending her marital engagement five days after she became engaged. She likened herself to the Statue of Liberty whom "everybody looked up to" until she was "brought down." The sense of being brought down was exacerbated by her experience of being emotionally abused by her fiancé. For Alex, the shame that came from being arrested for shoplifting was experienced as a loss of status and "honour."

In the face of diminished power, status, social connection, self-esteem, and the many other losses that accompany shame, the individual is more vulnerable to depression. Four participants indicated that they became depressed as a result of the shame event. An additional 3 participants believed that the shame incident exacerbated their pre-existing depression, with one of these participants suggesting that pre-existing depression increased the likelihood of the event occurring. Furthermore, 3 participants had thoughts of suicide in the midst of their shame, though no suicide attempts were made.

Avoidance and Withdrawal Behaviours

The Assault on the Self is typically accompanied by behaviours aimed at avoiding the pain of the shame experience. Throughout the interviews, participants described how they attempted to avoid their shame through "going into denial," "ignoring," "forgetting," "escaping," "suppressing," or "swallowing" it. Efforts were made to "stuff it down," "turn it off," or "shut it down."

Often, avoidance occurs through rationalizing one's behaviour or minimizing the significance of the event. Rachel recalled how she tried to convince herself that breaking psychotherapy group rules was not harmful to others or herself:

> On the one hand there were a whole bunch of benefits for me and a couple of rationalizations of why it was okay. On the other hand, if I had to hide it, then obviously there's something wrong. But I managed to rationalize that away. I decided that practicing making friends is a good thing…I decided that it wasn't harmful, that I knew exactly why that rule had been put into place, and I was good enough to not actually cause the problematic outcomes.

Lucy relied on minimization to deal with the shame of being turned down for medical school two years in a row:

> I did try very hard to trivialize it…like this is not a big deal. You can't achieve

> every darn goal you set out to do. It's just not getting into a program.

Like a number of other participants, Lucy also used distraction as an avoidance strategy. When she felt overwhelmed by recollections of the event, she would "immediately find something that really needed to be done, like the dishes."

However, avoidance may take the form of more self-destructive behaviours, such as drinking or overeating. Several participants turned to alcohol as a means of numbing their pain. One of these participants was Sandra, who after becoming drunk and blacking out at her parents' anniversary party, attempted to escape her shame through even further drinking. Sandra explained:

> Some people run away, but I didn't have to. I just took another bottle…and that was the drinking…It was to run away emotionally so that I would not have to experience the shame.

Veronica, on the other hand, used food to "medicate" her feelings. She found herself in a vicious circle, overeating because of her shame and feeling greater shame because of her overeating.

In addition, individuals may attempt to escape their shame, especially their feelings of exposure, by withdrawing or isolating from other people. Natasha, for example, stopped participating in all of her extra-curricular activities at school and, despite the concerned entreaties of her roommates, withdrew behind the closed door of her bedroom. Lucy, who normally enjoyed socializing with others, retreated from friends and family to the point where she had only her best friend and her dog as companions. In some cases, individuals may disconnect from their God or Higher

Power. This may be driven by the belief that one has shamed, disappointed, or otherwise failed God, as in the case of Natasha, who stopped praying because she believed that she was too "awful" to stand before God. Maria, on the other hand, stopped praying because she felt "betrayed" by God for not preventing her shame experience from occurring.

Individuals may also isolate themselves by avoiding talking about or disclosing the shame event. This is typically motivated by the fear of judgment, rejection, or loss of social standing. Natasha explained her own reticence to confide in others about what happened:

> I didn't tell anyone, not even my best friend. I couldn't. There was way too much shame…If they knew that I was capable of a lie, they would never, ever want to be my friend again.

Morgan, who was accused of rape by a former lover, remarked on how nondisclosure impacted his relationships with other people. By not disclosing the incident to his wife and children, he was left with a feeling of "mentally skulking along the walls or around the corners" and "going down the back alleys of the mind." The failure to talk to others about what happened may also cut the individual off from critical sources of help. This was a problem for Lila, where she decided not to go to the police after she was raped. Her decision was influenced by her fear that the police would blame her for what happened—a fear that was reinforced by Lila's own belief that the rape was her fault.

Shame Versus Humiliation and Guilt

Before moving on to a discussion of the rebuilding process, it may be helpful to note the distinctions that some participants made in the interviews between shame and the related emotions of humiliation and guilt.

Shame and humiliation. In their accounts of their shame experiences, two participants described the event as involving humiliation in addition to shame. In both cases, humiliation referred to the disempowering actions and attacks of other people (i.e., "They humiliated me") as well as the feelings of powerlessness or loss of status that resulted from these actions (i.e., "I felt humiliated"). However, shame, unlike humiliation, related to the participants' negative judgments about themselves—judgments that went to the core of the self.

For Tom, who was handcuffed and forced onto his knees by the police in front of a crowd of onlookers, humiliation was the injustice of "standing in front of a group of people and somebody is tearing you down" when "you didn't necessarily do anything wrong." In contrast to his sense of humiliation, Tom's shame came not from his feelings of powerlessness during the incident or from self-blame. Instead, it arose from his subsequent negative judgment of himself as being less attractive or desirable to others based on his spoiled reputation.

In the case of Dawn, who was shunned at a family funeral a few years after her sex change operation, her humiliation also stemmed from the "humiliating" and "shaming" attacks of other people. She described how, at the funeral, one cousin looked past her without saying a word, as though Dawn were "invisible." Another cousin told her, "Go away. I don't want to talk to you." Recalling her experience of humiliation, Dawn stated:

> I wanted so much to make a positive impact on her, to make her show signs of a willingness to recognize me as her cousin…It was a feeling of powerlessness, a feeling of being attacked, and I could do nothing, a feeling of total rejection, that she wanted nothing to do with me.

Compared to the humiliation of being mistreated by her relatives, Dawn's shame was associated with the self-doubt that this mistreatment produced, where she questioned whether she deserved her relatives' mistreatment. Moreover, Dawn's concept of herself as being a woman of power and influence suffered in the face of her inability to "make a positive impact" on her relatives and "make them show signs of a willingness to recognize [her] as their cousin."

Shame and guilt. As participants indicated, shame and guilt differ from one another in that shame is associated with a person's identity (i.e., who one is) whereas guilt refers to a person's actions (i.e., what one does). Sandra, for example, commented on how her experience was more one of shame than of guilt:

> I internalized [the experience] as my being somehow less than I should have been. It was not about what I had done…It was about who I was.

Similarly, Rachel explained that "shame is more about who you are," whereas "guilt is about responsibility for actions."

The Process of Rebuilding

The purpose of this study was to develop a theory of how adults recover from significant shame experiences, based on the perspective of individuals who recalled events or situations that elicited intense feelings of shame. In the theory that was created, *Rebuilding of the Self* emerged as the core category that represents the recovery process. With rebuilding, individuals rebuild and expand their positive self-concept, repair and strengthen their connections to the outside world, and increase their sense of power and control. This occurs through the five primary processes of Connecting, Refocusing, Accepting, Understanding, and Resisting. Rebuilding occurs along with the shrinking and externalization of the shame from the core self (see Figure 1). In the process of rebuilding, a stronger human being may emerge—an individual who is more confident, powerful, independent, and accepting, as well as someone who is better able to resist future assaults on the self. Although the shame

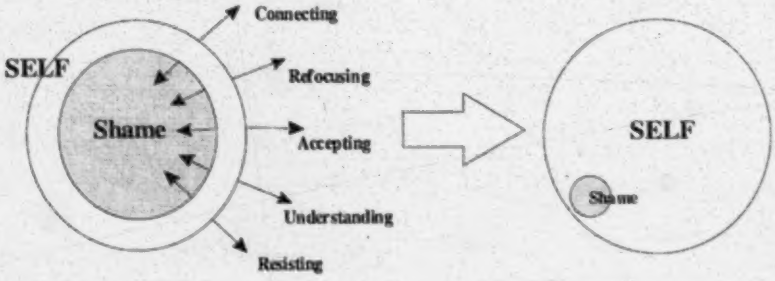

Figure 1. The process of rebuilding.

may not entirely disappear, it becomes marginalized from the core self and fades into the larger landscape of the individual's identity and experience.

The remainder of this chapter describes the theory in detail and is accompanied by data that reflects the experiences of the 13 participants in the study.

Connecting

Connecting represents a movement away from withdrawal and isolation toward greater connection with friends, family, community, or a Higher Power. With connecting, the individual finds allies, builds new relationships or repairs damaged ones, and engages in enjoyable social activities. Talking to others about the shame event helps to normalize the individual's experience, strengthens alliances, and decreases the isolation that may have resulted from nondisclosure of the event. Whether the individual confides in friends and family or turns to a counsellor for support, what matters most is being met with acceptance, understanding, and compassion. In some cases, feelings of connection and acceptance may also come through spiritual or religious practices or through relationship to a Higher Power.

Finding allies. During the process of rebuilding, individuals identify and cultivate sources of support within their existing social network. Finding just one or two allies—people who know the individual well, provide unconditional acceptance, and come to the individual's side when needed—can make a critical difference. Tom, for instance, was grateful for the support of his mother and sister who "believed in [him]" when no one else would. For Lila, it was her husband who was her strongest ally:

> Having my partner throughout it all has been probably the biggest lifesaver…He's been my ground, my earth…He offered me the anchor that I needed.

Support can sometimes be found in one's workplace, religious community, or other social organization. Julie felt supported by her colleagues at work, who treated her with kindness, acceptance, and respect. Natasha found sanctuary at the Mosque in her hometown, where she was surrounded by people who she knew since childhood and where she felt a sense of safety and belonging.

Someone can be a source of support without being aware of the shame event. Natasha did not tell her mother about what had happened, yet she benefited nonetheless from her mother's presence in Mosque. Another example can be found with Alex. While he never told any of his close friends about his shoplifting conviction, he trusted that if the truth were known, his friends would think no less of him.

Individuals may also strengthen their social support network through building new friendships and alliances. This is illustrated by Sandra, who made a concerted effort to find people that she could talk to "on a deep level," not necessarily about the shame experience, but about issues that were important to her. By connecting with fellow churchgoers, support groups members, and individuals from "many different walks of life," she became part of a new core group of friends "who really supported each other and accepted each other, and who were all working, in one aspect or another on bettering themselves."

Socializing with others. Socializing with others, through engaging in social activities or participating in community events, can be helpful in restoring the individual's sense of connection to the outside world. Socializing can also provide distraction from the shame experience and help restore the individual's sense of being an attractive and worthwhile human being. For Lucy, being able to spend time with her best friend helped take her mind off the shame incident. Although she and her friend sometimes devoted time and energy to talking about what happened, most of the time her friend "just left it alone", and the two women "concentrated on having some fun." Lucy also found that her colleagues at work helped draw her out of her isolation:

> Everyone else is being pleasant and talking, and what are you going to do? You're not going to stand up in the corner somewhere. So you have no choice. You have to put that smile on your face, and you have to chit-chat, just like everyone else. And whether you like it or not, you start to feel better. And then people are saying, "Oh, let's go do this after work." So before you know it…you start being more social again.

Talking to others. Another means of connecting is through talking to others about the shame event. Whether the individual initiates this discussion or is approached by concerned friends and family, having the opportunity to explain what happened can help build alliances and ward off negative judgment. Participants emphasized how important it was for them to talk to at least one person who listened to their whole story, understood them, and never lost sight of their positive qualities. Being accepted and appreciated despite one's imperfections results in greater self-acceptance. It can also enhance the individual's trust in others. As Natasha remarked, talking to her friends and family strengthened her relationships with them because "[she] appeared imperfect to them and they still loved [her] anyway."

Talking about the shame event may also help to normalize the individual's experience. Several participants were reassured by people who, in hearing about the shame experience, commented on how "these things happen," "everybody makes mistakes," or "it's not a big deal." By hearing others' perspectives and opinions, the individual may also gain a better understanding of the event. In Natasha's case, her friends helped her understand other people's responsibility for what occurred, which went a long way toward reducing Natasha's self-blame.

Through talking to others, individuals can also receive physical assistance in dealing with the situation. For example, when Julie confided in a friend who had also been through a bankruptcy, the friend gave her valuable information and advice which helped to reduce Julie's level of anxiety. In Lucy's case, help came in the form of her best friend who, alarmed at Lucy's declining emotional and physical state, "kept [Lucy] busy," "got her out to the gym," and "made [her] eat."

In cases where the individual confides in people who were previously unaware of the situation, disclosure may be motivated by the desire to gain support, build alliances, and diminish social isolation. Disclosure can also be motivated by the desire to end the cognitive and relational dissonance that resulted from "keeping secrets" from others or to forestall judgment should the incident become known. For example, Natasha explained her reasons for confiding in a close female friend about the shame event:

> I had this feeling of being a fake…and feeling untrue to her, and I didn't like that…I wanted to feel more authentic, more connected; to have our friendship be what it always was; to have that openness and communication and that freedom to just be with her that I was holding back on.

As a consequence of disclosing, Natasha felt relieved of the burden of secrecy and inauthenticity that had been weighing her down.

Participating in counselling. In addition to drawing upon their social network for support, individuals may reach out for help through psychotherapy. Individual or group counselling may be initiated in response to the specific shame event, as was the case for Maria, who pursued counselling to help her work through the psychological sequelae of her short-lived engagement. Alternatively, counselling may revolve around a related issue such as depression, anxiety, or addictions, where the shame event emerges in the context of the larger issue. This was true for Julie, who in the process of receiving therapy for addictions and abuse, addressed the issue of her bankruptcy.

One of the primary benefits of counselling in the rebuilding process is that it can help normalize the individual's experience. For instance, Tom described how his psychiatrist helped put his mind at ease after Tom's criminal conviction:

> We got to talking about the criminal record and everything, and he said, "Look, it's really no big deal. There are lots of people walking around out there that have done things that are a lot worse than you. So you shouldn't be carrying around all this baggage."

Lila, who attended a psychotherapy group for female survivors of sexual abuse, explained how her participation in the group helped to normalize her experience of shame:

> I felt normal with those other women. I suddenly realized that I wasn't crazy, that all these feelings,…all these things that I've been punishing myself for are part of the symptoms of what I've been through. So it helped me feel more okay with myself.

Counselling can also increase the individual's understanding of the factors and patterns contributing to the shame event, a theme that is explored in depth in the section on Understanding.

Furthermore, counselling provides an environment in which individuals can face and express the painful feelings associated with the shame event. Veronica, for example, remarked on how helpful it was for her to discuss her situation with her counsellor:

> [It helped me] just to face it and talk about it…It wasn't just a distance occurrence. It was right here in my face, and I could cope with it.

For Julie, counselling provided her with tools to work with her emotions in general and increased her confidence to the point where she was ready to face her feelings about the bankruptcy.

Connecting to a Higher Power. Connecting to a Higher Power through religion or spirituality can be highly transformative in the process of rebuilding. More than half of participants indicated that their relationship with God, Goddess, the Creator, or another Higher Power helped them heal from their shame experience. Participants connected to their Higher Power through a variety of practices, such as prayer, ritual, meditation, writing, or being in nature. Veronica, for example, felt the Creator's presence through the Aboriginal traditions of smudging, singing, and drumming. She also found that "going outside," "touching the land," and "feeling the weather" helped her connect with the Spirit that surrounded her.

In one's relationship with a Higher Power, what appears to be most helpful is the sense of acceptance that such a relationship provides. Maria echoed the views of several participants when she stated:

> God accepts me the way I am, as imperfect as I am. And if the whole world doesn't like me, God likes me.

Some individuals may alter their conception of God, where a harsh and judgmental God is replaced by a more loving and accepting divinity. Commenting on how her Christian faith helped her through the shame of being shunned by her relatives, Dawn stated:

> Instead of keeping the same view of God that my relatives had and that I had when I was growing up, that I heard being preached from the front of the church, I formed my own concept of God as a loving and caring God that

> accepted me for who I am.

An accepting God can also mean a forgiving God. This can be seen in Natasha's case, where she repeatedly asked God to forgive her for having lied to her friend. After "many conversations with God," Natasha was able to feel God's forgiveness, which in turn allowed her to forgive herself.

A connection to a Higher Power can also help repair the individual's sense of disconnection from other people. This was reflected in Sandra's story, where her spiritual practice helped her understand "her place" in the world as just another "struggling human being…trying to figure out which end is up." By putting her on an equal footing with other souls, her relationship to a Higher Power helped to counteract the sense of inferiority that came with shame. For Natasha, praying helped her feel greater unity with others. She explained one Muslim prayer that was particularly powerful for her after her shame experience:

> [In the prayer,] I pray for the souls of my brothers and sisters, and then I pray for myself to heal….It's the idea of oneness…which is that we're all the same soul…It's not Natasha making the mistake. This is the soul of me that is the soul of everybody else, and the mistake is a common one and a shared one. So then the healing can be shared.

Repairing relationships. For many individuals, efforts are directed at repairing relationships that were damaged in the shame incident. In some instances, this involves apologizing to people who have been harmed by one's actions. For example, once Rachel realized how her violation of the rules of her therapy group undermined other members' feelings of safety in the group, she confessed her transgression and apologized to the group. Although her fellow group members initially felt hurt and angry, they eventually came to express appreciation for how Rachel had dealt with the situation. Apology and forgiveness were strong themes with Natasha as well, where she apologized to her male friend for lying to him, and he eventually forgave her. Conversely, Natasha forgave him for his part in turning the members of the Mosque against her. The two of them resumed their friendship and later began dating again.

In some cases, reconnection may occur after a long period of estrangement, in which any bad feelings that were created in the initial incident have had time to clear, and individuals can then approach one another with a fresh set of eyes. More than 15 years after her parents' anniversary party, Sandra found that she no longer needed to intentionally distance herself from the people in her hometown:

> I would hail opportunities to go back amongst them and to talk to them as I now understood myself, not about any particular experience but rather so that I could experience them as they were now, and they could experience me as I was now.

Sandra regarded this process as the outcome of many years of rebuilding her inner strength and social network to the point that she felt confident enough to reconnect with her old community.

Refocusing

With Refocusing, individuals shift their attention to those aspects of their lives that enhance the self and counterbalance the negative judgments and powerlessness associated with shame. Individuals may distance from people and situations that compromise their well-being and seek out more supportive environments. Energy is also redirected toward constructive actions that can be taken to address the consequences of the shame event. Over time, as the individual invests more effort in positive pursuits, greater perspective about the shame experience emerges. The event shrinks in significance as the rest of the individual's life expands.

Shifting priorities. During the assault on the self, the shame event dominates the individual's energy and attention. Over time, however, shame diminishes as the individual's attention shifts to new priorities. In particular, the individual focuses on goals, activities, and relationships that enhance the self. For example, after being turned down for medical school two years in a row, Lucy shifted her attention to a new job, new boyfriend, and new course of study. She also redirected her energy to a number of hobbies, including gardening, cooking, and shopping. Not only did these activities distract her from her pain, but they also helped her realize that she could enjoy life and be successful despite the event. Lucy's shame began to shrink as the rest of her life expanded.

For some individuals, this shift is prompted by a significant event that shakes up their worldview and causes them to re-assess their priorities. This was evident in Tom's case, where the death of his mother heightened his awareness of the preciousness of life. He began to see that his energy was best spent pursuing his goals and dreams rather than dwelling in the past. For Veronica, the shift came when she became pregnant and she "changed in [her] mentality of what's important to [her]."

Focusing on the positive. In the process of rebuilding, individuals begin to redirect their attention from their shortcomings to their strengths. This was true for Dawn, who after considerable self-reflection concluded that she had many positive qualities and achievements to her credit. Not only was she a top-notch professional, but she was a loyal and generous friend, had paid off her mortgage and car loan, and had money left over to spare. In Veronica's case, it was her family history and family name that gave her the most pride. She discussed how her family had "tried to make [her] proud of who [she] was," despite the effects of abuse and discrimination against Aboriginals. By reminding herself of her roots, she eventually gained the strength to extricate herself from the love triangle that perpetuated her shame.

Individuals may also increase their pride through making self-enhancing comparisons with other people. Rachel compared herself to those who "had been doing things that were significantly worse" than what she had done. This helped her see that she "was not the most horrible monster on the face of the planet." Dawn, on the other hand, measured her achievements against the failures of others:

> I can see successes in my life, and I hear about a lot of failures with a lot of my relatives…With the cousin that spoke to me really roughly, her husband will never settle on anything. He's had some successes and doesn't go with it. He'll quit and do something else. So I look at her life and think, well, it's not that great…So I do comparisons. And I feel that life has done me fairly well.

Focusing on the positive may also involve a shift toward more positive ways of thinking in general. Johnny recalled how, at the time of his shame experience, if there were a "white room with a black dot in the middle of it," he would focus on the black dot:

> I could hone right in on the bad and the uncomfortable, and that's the only part I would see. That's the part I would walk toward. But instead, now I would say, beat the heck out of the good. Jump right into it, even if it's the tiniest, smallest piece of good in your life or in your personality or in your friendships or in your relationships. It's more likely that a little bit of good will turn into a lot of good than a little bit of bad will disappear.

Lila found that Buddhism helped her recognized that "there's power in what [she] thinks."

> It's a matter of sewing good seeds, as the Buddhists put it. Plant the right seeds of thought, and then you'll get a different plant."

After two months of cultivating positive thoughts, Lila "felt like a ball of sunshine."

Working on self-improvement. Another way in which individuals rebuild themselves after a shame experience is through focusing on self-improvement. This commonly occurs through making healthy lifestyle changes, such as improving one's diet, beginning an exercise program, or practicing meditation, all of which enhance the individual's positive self-concept, self-esteem, and sense of personal control. Energy may also be directed at reducing self-destructive behaviours such as drinking, smoking, or overeating. For example, Veronica helped relieve her shame by launching into an intensive program of self-improvement:

> I started working on my body, walking more, and feeling happy about myself. I became conscious of what I ate…Like right now I'm trying to work on my portions…and trying not to self-medicate with food if I'm feeling discomfort internally.

Several participants curtailed their use of alcohol or drugs. Sandra, for instance, quit drinking, began addictions counselling, and joined Alcoholics Anonymous. Once she abstained from drinking, she found that she "wasn't screwing up so much," and therefore "didn't have so much to be shameful about."

Self-improvement efforts may also be directed at external achievement. An increased drive for success is typically motivated by the desire to raise one's status in the eyes of others and by the need to prove one's value to oneself. For example, Lucy found that after her applications to medical school were rejected, she became more "driven" to excel in her career:

> It's almost like I need to prove myself again, prove *to* myself that I have these abilities and that I can do these things.

Dawn similarly remarked on how her experience of shame increased her determination to succeed. She described herself as a "driven soul" who was motivated to "keep climbing up" as a way of "putting distance" between herself and her detractors.

Clearing away negativity. For many, an important refocusing strategy is clearing away external and internal sources of negativity that perpetuate the shame. In some instances, this means distancing from individuals and communities that threaten one's sense of well-being and immersing oneself in more supportive environments. Individuals may move to a new neighbourhood or city, go to a new church, or change social circles. Such distancing provides the individual with the opportunities to make a fresh start without being weighed down by judgment, negativity, and constant reminders of the shame event. After Maria ended her engagement, for example, she distanced herself from friends who she viewed as being judgmental or uncaring. She also started going to a new church, where she met new people and made new friends. Dawn also retreated from people "that were treating [her] in a negative way" and began to associate more with people who appreciated and accepted her for who she was. She had these words to say to those suffering from shame:

> Walk away. Even if you're leaving pieces behind, walk away…Try and go where it's clean and clear and free from what has been so heavy and negative. Just move in that direction. And even if it's a slow process, have faith in yourself that you're worthwhile and you can move towards where it's clean and fresh and clear and start again.

Negativity can also be cleared through spiritual or religious practices aimed at purification and renewal. Prayer, meditation, and smudging were among the purification rituals that participants used to rid themselves of negativity and create space for fresh possibilities. Natasha drank holy water, in keeping with Muslim tradition, to "purify [her] soul" and provide herself with a "protective coating" each day. Veronica used smudging as a means of "washing away the bad" and surrounding herself with positive energy.

Focusing on action. Refocusing may also take the form of shifting one's attention away from the pain of the shame experience toward constructive actions that one can take to address the situation. For this shift to occur, individuals must accept the reality of the situation, acknowledge their personal power and control, and assume responsibility for whatever is within their power to control. Taking direct action then helps to counteract the sense of powerlessness and inadequacy that are so central to shame. As Julie stated,

> To accept it and do something about it begins to be empowering rather than disempowering.

In taking action, it is important to know what can or cannot be changed. This point was made by Morgan, who referred to the Serenity Prayer of St. Francis of Assisi:

> Grant me the serenity to accept the things I cannot change,
> The courage to change the things I can,
> And the wisdom to know the difference.

When one has done all that one can do to address the situation, it becomes easier to let go of the shame.

In cases where individuals have wronged others through their actions, steps may be taken to redress any harm caused to other people. For instance, Rachel's apology to her fellow group members after she broke group rules not only helped to repair group trust, but it also helped Rachel restore trust in herself:

> I discovered that when push comes to shove, I will do the right thing, even if it terrifies me and is not in my personal best interest.

As Rachel's statement shows, ameliorative action requires the willingness to suffer the negative consequences that may ensue from "doing the right thing." This was reflected in Alex's situation as well, when he was asked during a job interview if he had ever been convicted of a crime. Because Alex had never received a criminal record for his crime, he could have lied to his prospective employer without being found out. Instead, Alex chose to tell the truth, even though it meant rekindling his sense of shame and ultimately being turned down for the job. He called this experience an "honourable shame" in the sense that by conducting himself with integrity, he helped to rebuild his identity as a man of honour.

Accepting

Accepting involves a movement away from avoidance toward the willingness to face and address the shame event. Individuals allow themselves to feel, explore, and express their shame through such outlets as writing, music, art, or sharing their experience with others. This process sometimes occurs within the context of working through a larger problem such as alcoholism or childhood sexual abuse. By accepting the reality and consequences of the shame event, individuals can then take action to address it.

Accepting the situation. In the process of rebuilding, the individual moves away from avoidance toward greater acknowledgement and acceptance of the shame event. This movement may occur in small, gradual steps where the individual vacillates between avoidance and acceptance; or it may be marked by larger, more dramatic shifts, where full attention is devoted to addressing the reality and consequences of the event. Readiness to face the situation may emerge within days, weeks, months, or even years of the original incident.

Typically, acceptance comes on the heels of the realization that despite one's wishes to the contrary, the situation has not disappeared. To quote Tom, accepting that "there's no way of getting around it, going back, or changing the clock" is a crucial step toward "moving on." In some cases, this realization is preceded by periods of "obsessing," where individuals repeatedly turn the event over in their minds, until they accept that they can do nothing more to change the past or control the future. For others, acknowledgement of the situation may come more by way of intrusive memories, reminders, or cues that force them to take notice. Sandra recalled:

> I was busy running my life and just trying to succeed, continuing on as if this didn't happen…But it kept coming back to me in the pit of my gut, sort of at four in the morning—those kinds of horrific experiences where you wake up and you know that people know, or you just know that you've been found out.

For Julie, reminders of her situation came through repeated phone calls from creditors pressing her for money. Initially, she ignored the phone calls, hoping the problem would go away on its own. After a few months of living with fear "in the pit of her stomach," Julie finally faced her impending bankruptcy. Once she acknowledged her plight, she could then take action to address it.

As the previous example illustrates, acceptance also includes taking responsibility for one's feelings and actions. This is not the same as taking the blame for the shame event. Rather, it means acknowledging that regardless of who or what caused the event, one has control over one's responses to the event. As Johnny stated it,

> It just came down to taking responsibility for whatever it is I feel…And even if I feel shame, well, *whatever*. So I feel bad. Work on it.

Facing one's feelings. Along with acceptance comes a greater willingness to face and work through the painful feelings associated with the shame experience. The process of confronting one's shame is grounded in the need for greater understanding, control, and resolution of the situation. Johnny, for example, "sorted out," "worked through," and "consolidated" his feelings about meeting his biological father until he trusted that that he "could do something about it." Similarly, Natasha's willingness to "expose" and explore her shame was grounded in the belief that directly facing the shame was necessary if she were to ever move on with her life. By allowing herself to experience her shame, she discovered that her feelings were not as frightening as she had at first imagined. Armed with greater confidence in her ability to withstand shame, Natasha was then able to return to the college Mosque where she had previously experienced so much pain.

The process of facing the feelings related to a shame event often arises in the context of working through more pervasive mental health issues such as alcoholism, loss, depression, and abuse. This may come on the heels of a growing awareness of the detrimental consequences of emotional avoidance. Sandra's experience is a case in point. Despite her nightmares about her parents' anniversary party, Sandra was able to repeatedly brush the incident "under rug" until ten years later, when she found herself in the midst of a painful divorce. It was then that she realized that she would be unable to help her children cope with the pain of the break-up unless she were prepared to explore her own pain. Sandra finally began to acknowledge that she had a serious and longstanding problem with alcohol, and the shame that she experienced a decade earlier was uncovered in the course of five years of intensive psychotherapy.

In some cases, a chronic, long-standing history of shame may be perceived as the main problem in need of attention. From Lila's perspective, shame was the central problem "guiding her through life":

> I've been dealing with all these issues. How do I deal with my abusive father? How do I deal with this experience of rape? How do I deal with the fact that I can't have a career? But the word shame was the title of the problem…I didn't see the problem until I saw the word. And it's like how can I do anything if I'm feeling so much shame?

As Lila shows, acknowledging shame and giving it a label can help individuals make sense of their experience and enhance their sense of personal control. Labelling also helps the individual externalize the shame. The problem is no longer perceived as a flaw or shortcoming within the individual. Rather, it is shame that becomes the problem to be combated.

For others, shame may be accepted as a natural emotion with inherent value. Johnny indicated that once he was able to recognize the potential to grow from his shame experience, he became more willing to accept the shame as simply one of many feelings that he could "work with." Similarly, Veronica stated:

> It's okay to be ashamed because it's one of the feelings that were given to us by the Creator. It's there for a reason.

From Veronica's perspective, shame has value if one uses it as a springboard for greater learning. However, she was also quick to add that she regarded shame as toxic if it is not released, as discussed further below.

Expressing one's feelings. The process of confronting shame typically involves some form of emotional expression such as crying, shouting, or talking to others about one's feelings. Among participants, crying was a particularly common form of release. Alex, for example, cried, shouted, and swore at the thought of how he had been caught shoplifting. He viewed his crying as an expression of grief similar to bereavement, where instead of mourning the loss of a loved one, he mourned the loss of honour. Veronica valued crying for its detoxifying effect:

> It became a physical form of letting the shame out of my body. I didn't want the shame to stay in my body. That's how you become diabetic and cancerous and all that stuff, if you don't let it out.

Other emotional outlets mentioned by participants included writing, music, and art. Several participants expressed their feelings in journals, and a few relied on creative writing as a form of expression.

Understanding

Understanding occurs throughout the rebuilding process, as the individual continually attempts to make sense of the event and explain its underlying causes. These causes may be internal to the individual, external to the individual, or both. As the individual gains a fuller understanding of the factors that played a role in the shame event, internal attributions of causality give way to shared and/or external attributions, and self-judgment and blame are transformed into meaning, comprehension, and insight. This process represents a separation from and externalization of the shame, where the individual's core identity is no longer dominated by the shame experience.

Understanding external factors. During the assault on the self and throughout the subsequent rebuilding process, individuals are continually attempting to make sense of their experience by explaining why the event occurred. Most early explanations attribute the causes of the event to shortcomings within the self. As rebuilding progresses, however, individuals increasingly identify factors outside of themselves that contributed to the event. These factors may include: (a) the actions, motives, and beliefs of people directly involved in what happened; (b) extenuating circumstances and events over which one had little or no control; (c) formative experiences from one's past; and (d) sociocultural beliefs, norms, and practices that influenced the situation. With a deeper understanding of the external factors that shaped the event, there is a movement from internal attributions of causality (i.e., "This was my fault") to external or shared attributions (i.e., "This was not my fault" or "This was not just me").

First, self-blame begins to give way to a growing awareness of the direct role that other individuals or groups played in the shame event. There is an evaluation of other people's actions, motives, and beliefs, along with the realization that others were at least partially responsible for what occurred. At times, the tide of negative judgment may be reversed, where instead of judging oneself as "shameful," a critical eye is turned toward the "shaming" or "shameful" actions of other individuals. In these cases, shame quickly turns to anger, as Dawn's story illustrates. The shame that Dawn experienced from her relatives' dismissal of her at her cousin's funeral changed into anger once she examined the situation more closely:

> The way I see my pathway from shame to anger was that when I would reflect on the shame I felt, the reflection caused me to see a lot of cracks in the logic of why I was being treated in this shameful way. And a lot of cracks in the logic made the shame fall apart. Why did they treat me in such a shameful way?

Second, the individual may identify extenuating circumstances that contributed to the shame event and were beyond the individual's control. Lucy, for example, applied to medical school in a year that saw a decrease in the number of seats available in the program. In addition, her pre-medical school grades suffered from a series of personal crises, including the death of a close relative, her parents' marital separation, and financial difficulties that forced Lucy to spend more time at work instead of at her studies.

Third, there may be an attempt to explain the shame event by linking it to formative experiences from one's past, especially from childhood. This reduces self-blame, as individuals are able to recognize historical factors that increased their vulnerability to shame or that made the shame event more likely to occur. Some participants described being "shamed" as children, through negative messages communicated to them from their families. Sandra explained how shame had been "handed down to her" from an early age through the words and actions of her parents and grandparents. She recalled:

> One of the first things I remember is being told, "Shame on you." As a child—and I believe as any good child does—I took that to heart. I *did* take the shame on me.

Similarly, Julie saw the shame that she experienced from her bankruptcy as rooted in the negative messages that she received from her mother during childhood:

> [I remember] my mother's condemnation of me from being little, her judgment of me, "Don't turn out like Julie," and me wondering what was so wrong with me that my mother would say that and would say, "You'll never amount to anything" when I brought home poor grades.

In a few cases, participants connected the shame event to experiences of childhood sexual abuse. Lila began to understand her shame as the consequence of being sexually and emotionally abused as a child:

> I realized there's this whole history of sexual abuse…that led me here. It's not me the bad person, but if you beat a person down their whole life, they're going to have a harder time getting back on their feet.

Lila further reflected on how she had repeatedly been told by her parents that she was a "bad girl" and a "whore," and how her internalization of these negative messages made her more likely to blame herself when she was raped as an adult.

Finally, the shame event may be understood within the broader context of sociocultural beliefs, norms, and practices that influenced the individual's experience. Several participants explained how being subjected to discrimination based on their ethnic background, gender, or sexual orientation undermined their self-concept and made them more susceptible to shame. From her experience as an Aboriginal woman in Canadian society, Veronica viewed her shame about participating in a love triangle as a "link" in a "long chain" of shame caused by colonization, the residential school system, and "living through all the generations of pain and trauma that caused [her] to be who [she] is today."

Developing insight into oneself. In the process of rebuilding, individuals may set aside blame to take a closer look at the internal factors that played a part in their shame experience. Through exploring the needs, feelings, and drives behind their actions, individuals come to realize that even if their behaviours were "shameful," the underlying reasons were not. Negative self-judgment is then transformed into self-awareness and insight, and greater compassion toward the self becomes possible. For example, Rachel developed an understanding of the underlying needs that motivated her to form a covert friendship with another member of her psychotherapy group:

> I started recognizing that it hadn't been pure arrogance, that there had been things driving both me and her to do this, and that they were drives that I wasn't ashamed of. They were needs that I had to acknowledge and find a

> better way to satisfy, but not needs that I found shame in. So it became less of an absolute bad and more of a very bad decision.

As Rachel's case demonstrates, by separating one's motivations from one's behaviours, shame is deflected from the self. The individual may arrive at the conclusion: "What I did was bad, but my needs were not bad. Therefore, *I* am not bad."

Several participants also identified pre-existing weaknesses that made them more susceptible to the shame event. Natasha understood how her feelings of "insecurity about what [she] had to offer" and her awkwardness around men made her more likely to invent the story about having a male admirer. Dawn attributed the intensity of her shame to the fact that she had not yet become fully comfortable living as a female. While her confidence and identity were still forming, it would take very little to shake them. A number of participants perceived themselves as particularly prone to shame, mainly due to repeated experiences of shame in childhood. However, just as many participants reported that they did not perceive themselves to be shame-prone. For example, Tom and Alex both believed that they experienced shame no more frequently or intensely than the average person. Tom believed that through struggling with many shame events in his lifetime, he was better prepared to cope with the shame arising from his criminal conviction. Alex, on the other hand, suggested that the reason why his shame experience struck him so forcefully was because of his previous lack of exposure to shame.

Separating from the shame. The experience of shame is characterized by the internalization of negative judgments, perceptions, and beliefs that go to very heart of how individuals define themselves and experience their world. As Veronica stated it, shame "is spread right through" to the point that if one were to observe the individual from the inside out, one would see layer upon layer of shame. The process of rebuilding, on the other hand, is marked by an increasing separation from the shame. Shame ceases to have as much control over how individuals define themselves as it moves toward the periphery of their identity and experience. This is reflected in Sandra's account of how she eventually came to see herself as separate and distinct from her shame:

> I began to realize that I was carrying this shame, but the shame not me. So I began being somehow different from this shame, even though it was still a large part of me. I began separating from it.

Similarly, at first Veronica "thought [she] *was* the shame" and experienced the shame as "a dark thing inside [her] whole being." She later began to perceive the shame as "dark barrel" that she was "walking in." The shame, though "thick and gooey," had become something external to herself.

For many, the process of externalizing the shame involves a movement away from attributing negative *characteristics* to the self (as in "I *am* bad") to an emphasis on one's negative *behaviours* (as in "I *did* a bad thing"). Sandra experienced this as a shift from shame to guilt.

> [The shame] became guilt. It became, "Oh, I shouldn't have done that!" rather than, "God, there's something wrong with me."

Rachel was able to shift the onus of judgment from herself onto her behaviours by recognizing that she had double-standards when it came to judgment:

> I've got two young children, and they can make bad decisions—not exactly in the order of magnitude that an adult can, but nonetheless. It has never occurred to me to call them or label them in my mind as bad people. They are decisions, and they are pretty natural decisions that every child makes and needs to learn why they're bad decisions. So you make it pretty clear to them…why it's a bad decision, and you reassure them that you love them, anyway. And, well, just a second…let's skip back!

For Rachel, "skipping back" meant that instead of maintaining two sets of standards, one for the outside world and one for herself, she would apply the same standards of understanding and acceptance to herself.

In some cases, the judgment may shift from one's character to external forces or occurrences (i.e., from "I *am* bad," to "Something bad *happened* to me"). This was apparent with Lila, whose experience of "separating from that feeling of blame and badness" was a matter of seeing the shame as an "illness rather than a defect."

The more individuals view their shame as separate from themselves, the easier it becomes to reclaim their personal power and control. Dawn used the following analogy to describe this process:

> I think about an analogy of getting stuck in the mud as kids, when we used to walk into thick gooey mud with our rubber boots. That's like getting mired down by the shame…Instead of fighting to get out, just step out of the boots

> and walk away. You get mud between your toes on the way out, but you walk away…And that's kind of what I did.

Sandra found that once she separated from the shame, it became something that she could "grab and carry" if she chose, as well as something she could "leave there if [she] wanted, at least for short periods of time."

Creating meaning. With many individuals, a major turning point is reached when they begin to reframe the shame experience in terms of its positive value and meaning. The shame event is perceived as an opportunity for growth and learning or, in the words of participants, as a "jumping-off board," "stepping-stone," or "impetus" for positive change. For example, Maria was able to transform her shame into something positive by focusing on what she learned:

> I made a very long list of things that I learned, why I got into this, how I got into this, the mistakes I have done, and the factors that led to it. All of this helped me to see what I learned and to look at it from a very positive perspective. And just looking at it from a positive perspective helped a lot. It's like, yes, it's a mess, it's a lot of shame, it's a lot of embarrassment, it's a lot of garbage. But there's something that I could see there that helped me. I am so much more mature. I think a lot more now before making a decision. I look at things from different angles…I just don't go as fast, and I will not let anybody push me or pressure me.

Maria added that if she learned that much from the experience, "it must be worth it." Several participants explained how they told themselves that "everything happens for a reason." The shame event was regarded as being necessary to help them get to where they are today—as individuals who are stronger, less judgmental, more compassionate, understanding, independent, and self-aware.

Furthermore, a number of participants created meaning from their shame by using their experience to help other people. Julie, for instance, helped a friend who was going through a personal bankruptcy, just a few years after Julie herself had gone through the same process. Lila found that through working on her own healing, she developed the ability to help children "discover the goodness in themselves." In addition, a number of participants indicated that they volunteered for this study out of the desire to help others through the research.

Resisting

Resisting involves actions and attitudes that preserve and protect the individual's self. With resisting, individuals reject negative self-judgments, stand up to being shamed by other people, and challenge others' potentially shaming beliefs, attitudes, and actions. Through this process, individuals develop greater confidence, self-esteem, and personal control as well as a more internal locus of evaluation. In addition, vulnerability to a future assault on the self is diminished.

Rejecting negative judgments. In the process of rebuilding, individuals continue to free themselves of shame by rejecting the negative judgments that they had previously internalized. The individual evaluates these judgments and concludes that they are invalid or untrue. Evidence for this conclusion comes largely from weighing the negative judgments against one's known strengths. The individual's positive qualities and achievements serve as proof that "others are wrong about me." For example, by diligently recording her income and expenses and forwarding these records each month to her credit counsellors, Julie was able to prove that her bankruptcy was not the result of a personal shortcoming:

> The very steps of filling out something every month, being super-responsible about it,…showing myself that I *am* responsible [was helpful]. This did not happen because of my irresponsibility. This is not who I am.

Similarly, by being accepted into graduate school and excelling in her program, Lucy was able to prove to herself that she "has abilities" and "is not a failure."

Negative judgments may also be rejected through questioning the understanding or authority of one's judges. The judgments may be deemed to be the product of an inadequate understanding of the circumstances of the event. Alternately, the individual may argue that others "have no right to judge" because they have failings of their own. Furthermore, the beliefs, actions, or motivations of one's judges may be questioned. This is evident in Dawn's case, where she found her relatives' behaviour toward her to be incongruent with their professed beliefs in an accepting God. She concluded that their response did not fit with "people who are supposedly loving God and wanting others to follow in God's footsteps."

The individual's increasing rejection of others' judgments represents a movement toward a more internal locus of evaluation. The individual's own beliefs, perceptions, and opinions become more important than those of other people, and the judgments of others are increasingly viewed as others' problem—as something separate from the individual that need not be "taken on." In the words of Julie,

> When someone judges me, it's not my issue…No matter what anybody throws at me, it's not about me. It's always about them.

Moreover, Julie began "sorting things out for how they feel to [her] rather than what anybody else tells [her]."

Asserting oneself. Resisting may also take the form of being assertive and standing up for oneself in the face of one's detractors. This typically involves fighting back against the attempted "put downs" of other people. Sandra described how, as a young adult, she would remain silent in response to the efforts of community members to "actively shame" her family through negative judgments and insults. However, in the process of working through her shame, she reached a point where she decided she would no longer be the "good girl" that others expected her to be. Instead, she began to "tell people off…nicely, and not so nicely" whenever they attempted to put her down.

Some participants described their growing assertiveness in terms of setting better "boundaries" for themselves. Maria "put boundaries up when needed," and refused to let herself be pressured by other people. Lila explained how she learned to stand with her chest out and shoulders back as a way of strengthening her boundaries and projecting the image of someone who could not be easily shamed.

In some cases, assertiveness takes the form of refusing to retreat from a social situation or group. This strategy is a way of saying, "I refuse to give up my position in the group, as I have nothing [or no longer have anything] to be ashamed of." For example, after Morgan was accused of rape at the company where he worked, he continued to attend company social functions a way of "asserting [himself] as 'I'm here anyway.'" In Natasha's case, she returned to her college Mosque after several months of retreat. Her ability to reclaim a place for herself at Mosque was helped by knowing that she now had allies in the group and had done all she could do to resolve the situation. If others still rejected her, it was now "their issue."

Challenging others. Resisting may also include the direct challenging of others' beliefs, attitudes, and actions. For some participants, this meant challenging the cultural stereotypes and biases of other people. Johnny described how he attempted to debunk the stereotypes of individuals who would say that his being Aboriginal meant that he "must drink" or "party," as they "have never met a Native who didn't drink beer." His response to them was:

> "Yeah? Well *I* have…Look, it's not that way, and it doesn't have to be that way. It's not for me, it hasn't been for me, and it's not going to be for me."

Dawn challenged her relatives' attitudes and biases about sexual orientation, gender, and religion. Not only did she reject one's relative's statement that Dawn would "burn in hell" for changing genders, but at the funeral of her gay cousin, she challenged her deceased cousin's sister by saying:

> "What I have gone through, chances are very good it's genetic. So be careful how you think of your brother and how you treat me, because one of your children may turn out like your brother or myself."

Challenges may also be expressed as the insistence that others take responsibility for their part in the shame situation. Rather than "taking on" all the shame for the event, the individual may assume the more empowering position of confronting others with their "shaming behaviours." This was true for Lila who, six years after she was raped, wrote a letter to the man who had sexually assaulted her, "giving ownership back to him":

> I said, "I don't take responsibility…Even if I was drunk, I never gave you permission to have sex with me."

Another strategy for confronting others with their own behaviours is ending or threatening to end the relationship. Julie, for example, described how she responded to her boyfriend's judgment about her bankruptcy:

> I thought, "If you're going to judge me because of this, then I really don't want to be with you. I'm not really interested in being with anyone who would judge me about something like that."

This example demonstrates how instead of allowing themselves to be the passive victim of rejection, individuals reject those relationships that undermine their self.

Beyond Shame

Through the process of rebuilding, shame subsides to the point where it no longer threatens the integrity of the self. The individual typically becomes stronger, more confident, and better able to resist future assaults on the self. One participant referred to this as a form of "inoculation." This is not to say that the individual is impervious to shame. Rather, as Julie stated it, the individual now trusts that "No matter what happens, I'll deal with it." For example, Dawn remarked:

> [The experience] caused me to grow, to feel more strength in myself, and to feel more ability to overcome adversity…When I'm going through [situations like this], when the actual incident is happening, it's going to hurt. It's going to be very unpleasant. But I'll use it as a steppingstone to, to get above it, to rise about it and feel more confidence in myself.

A number of participants remarked on how they developed more trust in themselves, felt a greater sense of power and control, and became better able to stand up for themselves in the face of external judgment or attack.

Along with greater self-confidence and power may come a more internal locus of evaluation. Repeatedly, participants indicated that through their struggles with shame, the judgments of other people came to matter less as their own opinions mattered more. Tom conceptualized this as "getting over the paranoia" about what other people think or say about him and no longer feeling like he had to prove himself to others. For Julie, this meant "standing in [her] own power":

> I'm really taking my own power and sorting things out for how they feel to me rather than what anybody else tells me.

In addition to becoming more self-directed, individuals typically develop greater self-acceptance. By accepting their imperfections and being more willing to forgive themselves for their mistakes, individuals are less prone to feeling shame when mistakes occur. Moreover, because they no longer measure themselves against absolute standards of perfection or rigid ideals, negative judgment no longer has the same ability to undermine their self-concept. As Natasha explained:

> [The shame experience] taught me to accept myself for the good and the bad. Of course I would be capable of lying. All of us are. I'm not going to have to be this perfect person in order to be an acceptable human being.

Several participants indicated that they became "gentler" or "less harsh" with themselves. Many stated that they no longer "beat themselves up" as much as they did before shame event.

Furthermore, individuals may become less harsh in their judgments of others. Through their process of working through their shame, they develop greater compassion, understanding, and tolerance for other people. Maria explained:

> I used to have very high standards, so that when people failed, I would say it was their fault…I used to judge them and be so harsh with them. And now I'm not like that because I myself failed, and there were many reasons for the failure.

Similarly, Lucy became more willing to look at the reasons, motivations, and extenuating circumstances behind a person's actions before forming a judgment.

> I'm much less judgmental of others. I'm usually the one who will say, well, "Maybe they think this," or "Maybe they had a bad day." I'm always the one who's trying to see a different side of the situation rather than jumping on what seems to be face value.

In some cases, a greater capacity for nonjudgment goes hand in hand with stronger relationships. Natasha, for instance, described her shame experience as the "best thing that happened" to her relationship with her male friend in that it taught them how to accept and forgive each other for their imperfections—important lessons for them to learn, as they eventually became husband and wife.

Greater acceptance can also mean tolerating any shame that still remains. Most participants indicated that the shame they felt from the event was not completely gone. Residual shame may be triggered by people, objects, places, situations, dreams, or certain times of the year associated with the shame experience. Maria felt a resurgence of shame on the anniversary of her engagement a year earlier, and Alex's shame was re-activated when he passed the same retail outlet that had caught him shoplifting. However, despite the remnants of shame that can resurface years after the event, the shame no longer has the same power to compromise one's self-concept and overwhelm one's ability to cope. To paraphrase one participant, the shame experience is accepted as part of one's history and part of the past.

CHAPTER FIVE: DISCUSSION

Summary and Discussion of Findings

This study centered on the perspectives of 13 individuals who disclosed significant experiences of shame in their adult lives. While there was considerable diversity in the backgrounds of the participants and in the range of shame events, participants' recovery crystallized around a core set of psychosocial processes.

To begin with, participants experienced shame as an overwhelming assault on the self. Specifically, their self-concept, social connection, and sense of power and personal control came under intense attack. Initial attempts were made to avoid the shame, primarily through denial, distraction, withdrawal, or self-destructive behaviours. For some participants, shame was followed by depression or exacerbated existing symptoms of depression.

Over time, participants engaged in a process of rebuilding marked by five interrelated sub-processes: Connecting, Refocusing, Accepting, Understanding, and Resisting. With Connecting, the individual turns to allies for acceptance and support, builds new relationships or repairs damaged ones, and confides in other people. Refocusing shifts the individual's attention toward self-enhancing goals, actions, and ways of thinking. Accepting involves a movement away from avoidance toward an acknowledgement and acceptance of the reality of the shame event. The individual faces the feelings related to the experience and finds outlets where these feelings can be expressed. With Understanding, explanations for the event shift from internal to external or shared attributions of causality, and the individual develops fuller comprehension, meaning, and personal insight. Finally, Resisting involves rejecting negative judgment, setting better boundaries, and challenging others to take responsibility for their role in the shame event.

Rebuilding counters the initial assault on the self by enhancing the individual's self-concept, increasing a sense of personal power and control, and restoring the individual's sense of interpersonal connection and social place. Along with greater self-confidence may come a stronger sense of autonomy, where the individual feels less susceptible to the negative judgments of others. Not only may the individual become more accepting and compassionate toward the self, but in many cases there is also an increased acceptance and understanding of other people. Over time, the shame experience is integrated into the fabric of the individual's being. Reminders of the shame experience may re-activate the shame but no longer have the same power to overwhelm the self.

The emphasis on *self* in the Assault on the Self and in the process of rebuilding fits with the general consensus that shame is largely about the self, where the self becomes the object of the individual's attention and evaluation. It is this self-referential aspect of shame that places it among the self-conscious emotions in the research literature. However, in conceptualizing the self as the main target of attack, my focus is somewhat different from theorists who conceptualize shame primarily as a threat to social attachments (e.g., H. B. Lewis, 1987a, 1987b; Scheff, 1997a; Schore, 1994, 1998) or to one's social standing (e.g., Gilbert, 1997, 1998; Kemeny, Gruenewald, & Dickerson, 2004). Without a doubt, these are key aspects of the shame experience; but from my analysis of participant accounts, it is the self, as it comes under attack and reconstructs itself in the aftermath of a shame experience, that is central.

Moreover, given my earlier definition of the self as a multi-dimensional system comprised of affective, cognitive, agentic, and interpersonal components, theoretical perspectives that explain shame as a response to severed social bonds, as a defense against threats to social status or power, or as a reaction to comparisons between one's actual self-concept and one's positive or negative self-concept (Lindsay-Hartz, 1984; Lindsay-Hartz et al., 1995; Tangney et al., 1998) can all be seen through the lens of the self. Specifically, threats to social bonds, status, power, and positive self-concept represent threats to the social, agentic, and self-conscious part of the self; and Connecting, Refocusing, Accepting, Understanding, and Resisting help to rebuild the self in its multiple aspects.

Broadly speaking, the self's ability to rebuild itself after a shame event is a manifestation of the self's capacity for resilience. The term *resilience* has been defined by a number of theorists as the process of successfully adapting to adversity, where adversity refers to situations and events that produce major disruption to the individual's well-being or development (Luthar, Ciccetti, & Becker, 2000; Richardson, 2002; Richardson, Neiger, Jensen & Kumpfer, 1990; Roisman, 2005; Rutter, 1987). At the root of resilience theory is a view of human beings as active agents who select their experiences, shape their environments, and maximize their use of available resources in order to rebound from major life stressors (Everall, Altrows,

& Paulson, in press; Richman & Fraser, 2001; Rutter, 2001). To use a metaphor suggested by Richardson (2002), adversity causes pieces of one's existing world to fall apart, and resilience allows these pieces to be integrated with additional ones into a new equilibrium.

In the context of the present study, we can see how shame throws individuals into a painful state of disequilibrium, where there is sense of oneself as being "shaken" or "shattered." This assault on the self is followed by the active use of strengths, resources, and strategies to rebound from the event. Through Connecting, Refocusing, Accepting, Understanding, and Resisting, individuals "pick up the pieces" from a besieged self and, in the process, may benefit from new growth and a stronger ability to rebound from shame in the future.

A related way to view rebuilding centers around the *regulatory* functions of the self, particularly on the self's capacity for emotional regulation. Gross (1998) defines emotional regulation as "the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (p. 275). Emotions are influenced through selecting and modifying situations based on their emotional impact; changing the focus of attention through distraction, concentration, or rumination; altering cognitions and evaluations; and modulating the physiological, experiential, or behavioural aspects of emotions. Most of these strategies appear in one form or another during recovery from a shame event. For example, with Connecting and Refocusing, individuals engage in situation selection and modification through carefully choosing their confidants or shifting their focus to activities that enhance their self-esteem. In the case of Understanding, shame is diminished through attributional changes and meaning-making processes. Furthermore, Gross (1998) asserts that emotional regulation requires charting a "middle course between silencing the emotions and listening to them and them alone" (p. 288). This is consistent with the present theory, where rebuilding involves the acknowledgment and experiencing of the shame as well as the redirection of attention away from the shame, into new priorities and pursuits.

The importance of striking a balance between focusing on negative emotions on the one hand and redirecting one's attention on the other has been emphasized by several other theorists concerned with how people cope with negative emotions. For example, Stroebe and Schut (1999) have formulated a *dual process model* to explain how individuals cope with grief. In their model, Stroebe and Schut argue that individuals who are grieving the loss of a loved one oscillate between loss-oriented coping and restoration-oriented coping. With loss-oriented coping, the individual focuses on the pain of the grief and ruminates about the loss experience. Confrontation of the loss is a necessary and adaptive part of the grieving process. If pursued relentlessly, however, such confrontation may impair mental and physical health and prevent the individual from attending to other tasks related to bereavement. Therefore, loss-oriented coping needs to occur in "doses," in conjunction with "taking time off" from the grief through a restoration orientation (p. 215). Restoration-orientated coping involves attending to life changes, engaging in new activities, distracting oneself from grief, denying/avoiding the grief, and developing new roles, identities, and relationships. It is worth noting that in their description of restoration-orientated coping, Stroebe and Schut acknowledge avoidance as a potentially beneficial part of the healing process. The authors contrast their perspective to the tendency of some theories (e.g., classic psychoanalysis) to focus more on the pathological nature of avoidance. This an important point to consider with respect to the current theory, where avoidance behaviours are commonly evoked in response to shame. Rather than being an obvious symptom of dysfunction, avoidance can provide temporary relief from emotional pain and allow individuals to turn their attention to building up their resources until the individual feels strong enough to confront the issue.

In the field of positive psychology, Fredrickson (2001, 2003; Tugade & Fredrickson, 2004) has developed a "broaden-and-build theory" that explains how individuals regulate their negative emotions through eliciting positive emotions. Whereas negative emotions tend to narrow people's cognitive and behavioural functioning, positive emotions can "undo" these effects through broadening people's attention, flexibility, creative thinking, and behavioural repertoires. Along with these changes comes an increase in psychological, intellectual, social, and physical resources, which promote greater resilience in the face of negative life events.

If, as suggested earlier, emotions are part of the fabric of the self, then a major implication of the broaden-and-build theory is that increases in positive affect may bring about positive changes to the self. In the present study, this dynamic can be seen in the processes of Refocusing and Connecting. For example, some participants noted how, by engaging in pleasurable activities and by experiencing pride in new accomplishments, they came to see themselves as individuals who could enjoy life and be successful despite the shame event.

Another aspect of the broaden-and-build theory that relates to the current findings centers on the importance of building one's resources to enhance resilience. In recovering from a shame event, Connecting and Refocusing are particularly important as resource-building processes. Both help provide the sense of confidence, security, self-esteem, positive self-concept, and personal control that buffer the effects of the shame experience and protect against future assaults on the self. Furthermore, they provide individuals with the strength to face and process the shame situation and to stand up to shame-inducing judgments, practices, and beliefs.

A key factor behind the ability of Connecting to promote resilience rests in the transformative power of nonjudgment and appreciation from those in one's social circle. To counteract the negative judgment and feelings of worthlessness that accompany shame, individuals need to feel accepted and valued by other people. These findings relate to Carl Rogers' (1957, 1961) seminal writings on the concept of unconditional positive regard. For Rogers, the transformative power of relationships rests in large part on the helper's ability to provide an environment free of judgment, where the individual is prized "as a person of unconditional self-worth, of value no matter what his condition, his behaviour, or his feelings" (1961, p. 34). In such an environment, individuals can let go of their fear of being judged and begin to develop a more internal locus of evaluation.

As the current findings show, an accepting environment also encourages individuals to disclose previously hidden aspects of their experience. Most participants who disclosed their experience to an accepting and understanding listener stated that they felt as if a great burden had been lifted off their shoulders. Other benefits included a decreased sense of isolation, greater perspective about the event, more positive feelings about oneself, and closer interpersonal relationships.

These benefits are borne out in existing research which has pointed to the many psychological and physiological benefits associated with disclosure (e.g., see Kelly & McKillop, 1996; Kowalski, 1999; Murray, Lamnin, & Carver, 1989; Pennebaker, 1997). Kowalski asserts that through disclosure of their “unspeakable” thoughts, actions, or feelings, people can strengthen interpersonal trust and intimacy, obtain social comparison information, and develop their identity (1999). Kelly and McKillop (1996) discuss how revealing a personal secret to a confidant can also help people gain greater insight into their experience and decrease stress. Pennebaker and his colleagues (Pennebaker & Beall, 1986; Pennebaker, Kiecolt-Glaser, & Glaser, 1988) have suggested that while the inhibition of one’s thoughts, feelings, and behaviours increases one’s susceptibility to disease by placing undue stress on the body, disclosure reduces inhibition, thereby resulting in improved physical health.

Yet, as the accounts of the participants in the present study indicated, in cases where the shame experience is not widely known, many individuals choose not to disclose to others, typically out of fear of being judged or rejected. As Kelly and McKillop (1996) argue, this fear is often well founded. In their review of the existing research on disclosure and its effects on both the discloser and the recipient of the disclosure, Kelly and McKillop concluded that secrets of a traumatic or deeply embarrassing nature often increase anxiety and stress in the listener, resulting in avoidance, rejection, or negative judgment toward the discloser. These negative responses may then result in further social isolation and undermine the discloser's identity and self-worth.

In cases where individuals do decide to disclose their shame experience, they are generally quite careful in their choice of confidant. Consistent with existing research on disclosure (e.g., see Kelly & McKillop's, 1996; Kowalski, 1999), the present findings indicate that confidants are usually people who know the individual well and who are perceived as being trustworthy, accepting, understanding, and insightful. Confidants may also be individuals such as counsellors and researchers who are trained listeners and who assure the discloser of confidentiality. Indeed, some participants in this study stated that the shame experience they discussed in the research interviews had not been voluntarily disclosed to anyone else prior to the interview. Although there is not enough data from the interviews to provide a solid understanding of participants' motivations for disclosing, a few participants did indicate that they found that discussing their experience with the researcher, and being received with nonjudgment and understanding, helped them feel lighter and less troubled by their experience.

Where individuals have found a confidant who can be trusted to receive the disclosure with acceptance and understanding, emotions can be felt and processed as they arise. Evidence has accumulated on the value of emotional experiencing and expression for psychological functioning and therapeutic change (Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996; Murray et al., 1989; Pennebaker, 1997; Watson, Gordon, Stermac, Kalogerakos, & Steckley, 2003; Whelton, 2004). For example, in a study that examined the effects of cognitive therapy for clients with depression, Castonguay, Goldfried, Wiser, Raue, and Hayes (1996) found that participants' emotional experiencing in therapy was predictive of a positive therapy outcome. The importance of emotional experiencing for treating depression was validated in a separate study by Watson, Gordon, Stermac, Kalogerakos, and Steckley (2003) who found that process-experiential therapy, which stresses the arousal, experiencing, and expression of emotions, increased psychological functioning in depressive clients and was more effective than cognitive-behavioural psychotherapy in reducing interpersonal problems. In addition, several studies have shown how writing about one's feelings related to a traumatic experience can facilitate adaptive coping and diminish psychological distress (Donnelly & Murray, 1991; Murray et al., 1989; Murray & Segal, 1999; Pennebaker & Beall, 1986; Pennebaker et al., 1988).

However, while healthy psychological functioning and positive change appear to depend in large part on the ability to acknowledge, feel, and express one's emotions, emotional experiencing and expression *alone* may be limited in their ability to promote positive change. From his review of the existing research on the role of emotional experiencing across a range of psychotherapeutic modalities, Whelton (2004) concluded that the arousal and processing of emotions in psychotherapy must be combined with cognitive reflection on the relevant meaning of these emotions in order for therapeutic change to occur. Greenberg and Paivio (1997; see also Greenberg 1996, 2002) describe this as the necessity of integrating emotion with "reason" to inform action and create new meaning (p. 8). In their view, negative emotions alert us to obstacles to our well-being, while positive emotions can signify that important needs or goals are being met. In processing negative emotions, we must use our cognitive abilities to appraise our current situation and make sense of the information that our emotions provide. With this information, we can take appropriate steps to act on these feelings.

The relationship between emotion, cognition, and action is evident in the rebuilding process. In the course of facing their shame experiences, individuals engage in an exploration of the needs, values, and meaning behind their shame experience. For example, by signalling a threat to one's reputation and social relationships, shame may reinforce for the individual the importance of following appropriate rules of social conduct. Alternately, shame can be understood as a sign that the individual is lacking in confidence or self-esteem, thus making the individual more vulnerable to others' judgments. Once individuals understand the meaning behind the shame, they can take action to address the situation and prevent further damage to the self. By doing so, their self-esteem, sense of power, and personal control can be restored.

In rebuilding, cognitive processing also occurs through the attributions that individuals make to explain why the event occurred. Abramson et al. (1978) have identified three dimensions of causal attributions: internality (internal-external), generality (global-specific), and stability (stable-unstable). With internal attributions, the belief is that an event was caused by oneself, in contrast to external attributions, where the event is explained in terms of factors outside oneself. Global attributions assign causality to the *entire* self; the self is judged in its totality as opposed to specific attributions that focus on behaviours or characteristics that arise in a limited range of situations. The stability dimension refers to the perception that the situation is long-lived or recurrent as opposed to short-lived or transient. Researchers have linked shame to attributions that are internal, global, and stable (Tangney & Dearing, 2002; Tracy & Robins, 2004). The same style of attributions is associated with depression (Seligman et al., 1979; Tangney & Dearing, 2002).

Consistent with the existing research literature, the shame experiences of participants in the present study were characterized by internal, global, and stable attributions. Most participants blamed themselves to some extent for the shame event. In the few instances where participants did not attribute *causality* to themselves, they attributed negative *characteristics* to themselves as a result of the rejecting behaviours of others (e.g., "I am less powerful than I thought I was," or "I am no longer attractive to others"). The global nature of attributions was evident in the way in which participants applied negative judgments to their entire selves rather than perceiving the event as representing only one aspect of their personality. Participants' attributions were stable in the sense that they viewed their situations in the context of permanent or longstanding character deficits.

When one combines these findings with research that links an internal, global, and stable attributional style (sometimes called a "depressogenic" attributional style; see Seligman et. al, 1979 and Tangney & Dearing, 2002) to both shame and depression, perhaps it is not surprising that about half of participants reported bouts of depression during their struggles with the shame event. It is not clear from the data, however, whether some participants had a depressognenic attributional style to begin with, and if so, to what extent. Also, other factors associated with shame, such as social withdrawal and loss of identity, may have contributed to depression.

When it comes to recovering from a shame event, the present research suggests that individuals move from internal, global, and stable attributions toward greater understanding of the external, specific, and unstable causes for the event. In this study, participants reduced self-blame by identifying social, cultural, and situational factors that explained why the event occurred, though most participants continued to assume at least some degree of responsibility for what happened. Where internal attributions persisted, participants shifted from global self-judgment (e.g., "I am bad") to more specific evaluations (e.g., "What I *did* was bad, but that doesn't mean I *am* bad," or "This isn't *all* of who I am"). In addition, through redirecting their efforts into self-enhancing activities and constructive action, participants began to perceive their situation as temporary and mutable.

The shift toward specific and unstable attributions relates to the observation of a number of theorists that attributions of this nature are characteristic of guilt rather than shame (e.g., M. Lewis, 2000; Tangney & Dearing, 2002; Tracy & Robins, 2004).

In reflecting on the cognitive-attributional differences between shame and guilt, Tangney and Dearing (2002) speculated that it might be adaptive for individuals to shift from shame-inducing attributions to those that are more likely to induce guilt, particularly since guilt is associated with fewer psychological symptoms than shame. Indeed, a few participants in the present study indicated that by focusing on their problematic behaviour instead of their perceived characterological deficits, shame was transformed into guilt. This transformation was accompanied by a greater sense of control, since behaviours were perceived as being easier to change than stable personality traits.

The attributional pathway from shame to guilt contrasts with H. B. Lewis' (1987a, 1987b) theory on the shame-rage-guilt bind in which guilt arises from the individual's feelings of anger and aggression toward an attachment figure in response to perceived rejection. In this study, some participants did recall feelings of anger toward individuals who were rejecting or critical. For one participant, anger took the form of revenge fantasies. In another case, anger was expressed through aggressive behaviours. Yet in both of these cases, participants stated that they felt ashamed of their aggressive impulses, with no mention of guilt being made.

One might explain the apparent absence of the shame-rage-guilt bind in the data to the possibility that this process functions primarily at an unconscious level of awareness and, therefore, could not be readily identified or reported by the participants. This would be an example of what H. B. Lewis (1971) describes as "bypassed" shame and guilt. The validity of this proposition cannot be determined from the present study. However, the data suggests an alternate explanation for guilt, where guilt results from attributional changes that signify that healing is underway. In particular, guilt may represent a movement toward specific and unstable attributions compared to the global and stable attributions characteristic of shame.

Anger may also originate from a mechanism other than the shame-rage-guilt bind. As with guilt, anger may be a sign of healing from the Assault on the Self. A number of participants in the present study indicated that shame turned into anger once they began to understand other people's role in the shame event. For example, some participants felt angry when they reflected on the cultural or gender biases that contributed to their shame experience. Another participant's anger arose in response to realizing that the rape she had suffered was not her fault. In these cases, anger was not a protest against severed attachment ties but was the product of a shift from internal to external or shared attributions. It was an adaptive signal that informed participants of the need to defend themselves against other people's judgments or shaming behaviours. As such, anger provided the emotional fuel behind the process of Resisting, where individuals fight back against attitudes and practices that are toxic to the self.

This point relates to the concept of *externalization* in narrative therapy, as explicated by White and Epston (1990). Externalization is based on the premise that people's problems result from the internalization of dominant social discourses that confine individuals to narrow and socially proscribed roles, self-perceptions, and actions. Narrative therapy encourages individuals to constantly challenge these oppressive "stories" and to regard problems as social constructions that are separate and external from the self. Thus, rather than the person being the problem, "the problem becomes the problem" (White & Epston, 1990, p. 40). In the context of the present study, Resisting can be seen as a form of challenging the dominant sociocultural assumptions, norms, and practices that lead to feelings of shame. By externalizing negative judgments, the judgments themselves and not the individual being judged are regarded as the problem.

Bergner (1987), in his explication of "degradation ceremonies" and therapeutic strategies for "undoing degradation" offers another perspective which helps to shed light on the current findings. Drawing from the work of Garfinkel (1957), Bergner describes degradation ceremonies as practices aimed at reducing the individual's status and participation in the community, based on the individual's perceived violation of social values. Individuals can be degraded by a group, by another individual, or by themselves. Through degradation, individuals are given or give themselves labels such as "bad," "worthless," or "unlovable," which lead them "to regard their eligibility for social participation as restricted in significant ways" (p. 25). Although Bergner makes no mention of shame, one can see a parallel between Bergner's description of degradation and the phenomenology of shame. With shame, individuals judge themselves in ways that potentially lower their social status and participation in the community. Degradation also parallels humiliation when it takes the form of a group or individual judging another individual in an attempt to lower his or her social standing.

According to Bergner, individuals can undo degradation through disqualifying the social values and standards that devalue them, discrediting their detractors, or confronting their detractors and refusing to be degraded. The process of undoing degradation is one of "accreditation" aimed at enhancing the individual's status and participation in the community. Similarly, in the process of rebuilding, individuals resist shame through challenging other people's beliefs and actions, rejecting or invalidating others' judgments, and standing up to attempted put-downs. Through such actions, the individual's place in society is restored.

Implications for Counselling

In helping clients recover from a significant shame event, counsellors can use the five main rebuilding processes as a framework for counselling interventions. The recommendations below are based on these processes and on the overall goal of enhancing the self.

- *Help clients build their social support system.*

This begins, of course, with the counselling relationship itself. With shame, the client's need for acceptance and understanding is heightened. Clients need to be able to trust that they can expose their vulnerabilities to the counsellor without being judged or shamed. In some cases, the counsellor may be the first person to whom the client has disclosed the shame event, and there may be considerable anxiety around how the disclosure will be received. Clients will be especially sensitive to any signs of judgment or rejection on the part of the counsellor. Counsellors must therefore make every effort to communicate acceptance, openness, and warmth to their clients. In such an environment, clients will feel safe to disclose and process their experience. Moreover, the counsellor's acceptance and understanding of the client can serve as a corrective experience to counteract the negative judgment so central to shame. For some clients, group counselling should be considered, as it can go a long way toward normalizing one's experience.

Counsellors should also encourage clients to make the most of their existing social resources or to cultivate new sources of social support. Clients can often benefit from talking to friends, partners, family members, and other people in their social circle about the shame event. Ideally, confidants would be people who know the clients well, who appreciate and accept them despite their imperfections, and who can be relied upon for discretion. Because disclosure is not without risk, however, clients may need help in assessing the potential costs and benefits of disclosing to potential confidants. Regardless of whether or not they disclose, clients can benefit simply from associating with caring and accepting people, who by their very presence can reassure clients that they are worthy of social connection. The need for acceptance and belonging can be met, too, by participating in social activities or becoming involved in a community organization, such as a local sports team or drama group. These activities can also provide a welcome distraction from emotional pain and promote positive feelings that help counter the shame.

For some clients, an exploration of their spiritual or religious beliefs can be therapeutic. A client's relationship to a Higher Power can be used as a resource and, in some cases, may be one of the only sources of comfort and acceptance that the client can readily access. In cases where a client has turned away from God as a result of the shame event, counsellors may need to explore the client's beliefs around God as being unforgiving, punishing, or unfair. If possible, counsellors can then help the client connect with the caring and accepting side of God.

- *Expand on the positives.*

Expanding on the positives means encouraging clients to invest their energies into activities and interests that maximize their positive feelings about themselves. These may be career, education, family and social life, hobbies and recreational pursuits, self-improvement programs, or any other activities that clients value and enjoy. Often clients' interests and priorities may have changed as a result of the shame experience, or their past goals may no longer be feasible given the present circumstances. A re-evaluation of goals and priorities may be required so that clients can focus their efforts on what is most important to them.

Provided that clients are ready to face the shame situation, an exploration of constructive actions that clients can take to address the consequences of the event may be of benefit. For example, a student who experiences the shame of failing a course at university can approach the professor to discuss the possibility of writing a make-up exam, or the student could hire a tutor and repeat the course in the following year. In situations where clients caused harm to other people through their actions, apologies and reparations can be made. Clients may require assistance in determining whether or not the situation *can* be changed. If attempts at reparation are unlikely to result in a positive outcome or if they may make the situation worse, counsellors can help their clients accept the situation and focus on those aspects of their lives that can be controlled. Counsellors can also assist clients in changing self-destructive behaviours (e.g., binge drinking or having unprotected sex) that contributed to the shame event or that increase the risk of similar events occurring in the future.

In addition, it can be helpful for clients to distance from people and situations that undermine a positive sense of self and to seek out more supportive environments instead. A change of social circles or community may provide a "fresh start" for clients, where they are not constantly bombarded by negative reminders of the shame event. Clients may also be able to clear away negativity through ceremonies or rituals aimed at purification and renewal.

Throughout the counselling process, clients' strengths and past successes should be emphasized as much as possible. By focusing on clients' positive qualities and successes, counsellors can help clients form a more positive view of themselves and gain greater hope for the future. For example, solution-focused and narrative therapy strategies that help individuals see themselves as competent, resourceful, and even heroic in the face of life's challenges can help counteract the sense of failure associated with a shame event. Cognitive strategies that target negative thinking patterns and beliefs can also help shift clients toward more a positive view of self.

- *Help clients face and process their emotions.*

For clients to be able to work though their shame, they must feel confident that they will be able to face their emotions without being destroyed. An assessment of clients' psychosocial resources is necessary before engaging in an intensive exploration of the feelings associated with the shame event. By educating clients about the process of rebuilding and helping clients increase their psychosocial resources, counsellors can increase their clients' confidence that they can not only survive their pain but become more empowered in the process.

Based on clients' level of readiness to work through their feelings, counsellors can then gently encourage clients to approach, acknowledge, feel, and express the shame. Part of this process involves naming the shame. For many clients, the act of giving their shame a label is one of the first steps toward regaining a sense of control. However, this task may be difficult for clients, as people tend to be ashamed of their shame and often do a very good job of hiding it. Therefore, counsellors should be aware of the signs of shame and ensure that they feel equipped to work with this emotion. Also, counsellors need to realize that clients often do not disclose their shame experience to the therapist, or they may work on a larger, related issue and only peripherally touch on the shame event. However, if counsellors develop a keen eye for shame when it emerges in whatever issues clients present in therapy, they can still help clients learn skills for processing shame. Clients can then apply their learning to the undisclosed event.

As clients confront their shame, they may need assistance in recognizing and working through some of the other feelings that may accompany it, such as fear, anger, guilt, and powerlessness. Clients may need to grieve losses suffered as a result of the shame event, such as losses suffered through damage to their relationships, career, or reputation. In working with emotions in psychotherapy, process-experiential techniques such as those found in Emotion-Focused therapy (Greenberg, 2002; Greenberg & Paivio, 1997) and Gestalt therapy (Levitsky & Perls, 1970; Perls, 1969) may be particularly helpful. For some clients, writing and other forms of expression can also facilitate emotional processing.

Where avoidance of the shame is evident, it should not be pathologized or pushed through. Rather, it can be recognized as a possible sign that clients need to build further resources before they are ready to confront the shame. It can also signify a need to take a break from the shame event, in which case clients can be helped to focus their attention into positive pursuits and satisfying relationships. However, when avoidance interferes with healthy functioning, the costs of avoidance can be discussed, along with the potential benefits of facing the shame situation.

- *Facilitate understanding, meaning-making, and personal insight*

A major goal of therapy should be to help clients make sense of their shame experience in a way that enhances their self-concept and sense of control. In large part, this means exploring the attributions that clients have made to explain why the situation or event occurred, and helping clients move from internal, global, and stable attributions toward a greater understanding of the external, specific, and unstable causes for the shame event. Examples of the types of questions that can facilitate this movement include: What role did others play in the shame event? Were the actions of other people shaming in any way? How did one's family, society, or culture influence the situation? Were there extenuating circumstances beyond the client's control that may have contributed to the event? What is the client responsible for and what is *not* the client's responsibility?

While an understanding of external factors involved in the shame event can significantly reduce shame, most clients will continue to assume at least some degree of responsibility for what happened. Counsellors can then enhance clients' sense of control by focusing on what they can do to change the situation or make different choices in the future. In addition, counsellors can help their clients to externalize the shame by separating the client's behaviour from the client's self. For example, in the case of a client who believes that he is "bad" for passing along a sexually transmitted disease to his lover, a counsellor could reframe the belief as: "What you *did* was harmful, but that does not make you a bad *person*." The use of visualization and metaphor can also help clients externalize the shame so that it no longer overshadows the core self. For instance, a client might imagine that the shame is a dark ball in her gut, and through visualization, she can shrink the ball to the size of pea that she holds in the palm of her hand. Externalization techniques from narrative therapy are another example of strategies that can help clients separate from the shame.

Counsellors can facilitate externalization even further by helping clients develop insight into the needs and motives behind the shame experience and then separating those needs and motives from clients' problematic behaviours. This allows clients to turn a critical eye toward their own actions while at the same time validating the basic needs that motivated them. In addition, clients can find alternate ways to get their needs met. For example, a client who in therapy explores her motivation for having an extra-marital affair may come to realize that her need for intimacy was not being met within her marriage. She might then decide to pursue couples counselling with her husband or initiate marital separation instead.

Clients can also benefit from reflecting on the positive meaning and value of the shame experience. For many, this means acknowledging what they have learned in the process of grappling with their emotions. Some clients, for example, may see that their experience increased their understanding of how important it is to maintain a good reputation, and this insight can guide them in their future interactions with other people. Other clients may appreciate how, in working through their shame, they have become stronger and less dependent on the opinions of others.

- *Increase resistance to future assaults on the self*

In the initial stages of shame, individuals typically take on negative judgments with little, if any, awareness of their own choice in the matter. An important task of therapy is to help clients take back their power—to help them see that they *do* have choices about whether to accept negative judgments or to walk away from them. Counselling can assist with this task by helping clients challenge the judgments that generate and perpetuate shame.

One way to accomplish this might be through the use of cognitive-behavioural techniques that teach individuals how to dispute their self-defeating beliefs. For instance, clients can marshal their past achievements as evidence against the belief that they are a failure. With the help of assertiveness skills from behaviour therapy, clients can also learn how to set appropriate boundaries and stand up to people who attempt to judge or shame them. These skills may be particularly helpful in confronting discrimination and cultural biases and in challenging others to take responsibility for their own part in the shame event. Narrative therapy and feminist therapy are examples of therapies that can help clients challenge social discourses, practices, and stereotypes that shame and oppress non-dominant members of society (White and Epston, 1990; Worrell and Remer, 1992).

Finally, clients may need to be reminded that the shame may come up again in the future. The counsellor and client can identify situations that are likely to trigger the shame, and strategies for coping can be reviewed. For example, in social gatherings where a client is concerned about potential judgment or rejection from other individuals, the client can bring along a close friend who serves as a reminder that the client has allies and is not alone. Building a plan for potential shame situations can be a form of "shame inoculation." This is not to imply that shame should be pathologized or wiped out as soon as it emerges. Shame is a vital human emotion that, by signalling a threat to the self, can be of great adaptive value to the individual. Rather, shame inoculation, as I use the term here, means that clients will be less prone to the potentially devastating effects of this emotion, and they will have more resources to recover from shame situations when they arise.

Considerations and Implications for Future Research

As an exploratory investigation of how individuals recover from significant shame experiences, this study focused on the subjective accounts of individuals who felt they had made progress toward recovery. The findings did not include the perspectives of individuals who continued to feel overwhelmed by their shame experience and had not perceived an improvement in their ability to cope. Research that focuses on this population could help shed light on what hinders the healing process. From the current findings, one might hypothesize that individuals who feel stymied in their attempts to recover from a shame event may be experiencing difficulty with one or more of Connecting, Refocusing, Accepting, Understanding, and Resisting, but this hypothesis would need to be borne out in future studies.

Most of the shame events centered around social, moral, or personal transgressions, with relatively few events centering around personal failure or ostracism/social rejection and only one event related to trauma. There may be important differences between these types of events that are yet to be explored. Future studies could investigate each of these areas in depth. In addition, while this study briefly touched upon the relationship between shame and humiliation, this is an important topic that merits further investigation. Other areas worth exploring include how individuals cope with characterological shame, bodily shame, and cultural shame (i.e., general shame related to one's character/abilities, body/bodily functions, and cultural backgrounds, as opposed to shame arising from specific situations or events). Future research could also investigate how children and adolescents recover from significant shame events. If, for adults, shame represents an assault on the self and the processes that follows are a reconstruction of the self, then the question immediately arises as to whether the same holds true in childhood and adolescence, at a time when developmental processes related to the self are especially important (e.g., see Berk, 1996; Conger & Galambos, 1997; Erikson, 1950, 1968).

Although there was considerable cultural diversity in the sample, with 8 participants identifying themselves as being from a non-dominant cultural background (based on ethnic background or sexual orientation), the breadth of participants' cultural backgrounds may have hidden important cultural differences that would have emerged had there been greater representation in each minority group. For instance, the study does not specifically address the unique issues faced by individuals from lesbian/gay/bisexual/ transgender backgrounds and how these issues may influence the experience of shame and the processes of recovery. In addition, despite the ethnic diversity in the sample, most participants from minority backgrounds appeared to have a high level of acculturation to Western society. The extent to which the rebuilding process applies to non-Western cultures needs to be explored.

The fact that more than half of the participants came from minority backgrounds raises thought-provoking questions in and of itself. For example, is this fact reflective of minority populations' greater exposure to social situations or practices that elicit shame (e.g., discrimination and stereotyping)? Is it also possible that through continual exposure to shame-eliciting situations, individuals from non-dominant cultures are forced to develop greater resources to cope with shame, and therefore have more to say about recovery? Cross-cultural research that explores these issues is essential.

In this study, shame events were recalled retrospectively, often after many years had elapsed since the shame event. Had participants been interviewed at the actual time of the incident and at several points during recovery, a fuller picture of how individuals recover from shame might have emerged. Longitudinal case studies that follow individuals' processes over time might be helpful. In addition, interviews with friends, family members, and other individuals in the participant's life could help further our understanding of how social interactions affect the rebuilding process.

It is important to remember that qualitative research interviews are social interaction processes in which the researcher and participant influence each other. Indeed, the researcher's entry into the subjective worlds of participants and the richness of data collected both depend in large part on the researcher's ability to forge trusting working relationships with participants (Eide & Allen, 2005; Howe & Moses, 1999; Lincoln & Guba, 1985). While the relationship between the researcher and participant is a major strength of qualitative research, researchers need to be mindful of some of the ways in which the relationship may unintentionally impact the findings (Bogdan & Biklen, 1992; for a discussion of how my own biases and assumptions may have impacted the findings, please see the Methodology chapter of this document).

Throughout my interactions with participants, I attempted to convey trustworthiness, openness, acceptance, and understanding. I believe that this fostered feelings of safety, facilitated the disclosure of sensitive material, and helped promote accounts that were rich and highly personal. It is also possible that by providing participants with a venue in which they felt safe to discuss their experience of shame, the researcher-participant relationship may have had a therapeutic effect on participants, to the point of influencing their healing.

Another possibility is that participants' accounts of their shame experience and processes of recovery were influenced by their desire to present themselves in a favourable light to the interviewer and to readers of the subsequent research reports. In *The Presentation of Self in Everyday Life*, the sociologist Erving Goffman (1959) has described humans as "actors" who continually manage the images of themselves or "fronts" that they present to other people. These fronts are based on socially proscribed roles that allow humans to meet important personal and social goals. Through repeated social interactions, the images that individuals project become part of their "persona" or social identity. This process happens with little, if any, awareness of the actors involved.

With regard to the present study, not only may self-presentation concerns have played a role in participants' accounts of their shame experiences, but image management may also be part of the rebuilding process. In other words, after a shame experience, individuals may attempt to reconstruct their identities through presenting themselves favourably to other people. Although this did not emerge as a theme in the data, it is possible that image management occurred beyond participants' awareness, as Goffman might suggest. It is also possible that participants would be reluctant to admit to attempting to manage their image, out of fear that this admission might cast them in a negative light. Future research that explores the role of image management in recovering from shame could complement subjective reports with other sources of data. For example, individuals in the participant's social circle could be interviewed for their perspectives on the participant's self-presentation, or the interactions between the researcher and participants during the research interviews could become the focus of analysis.

Future studies could also incorporate quantitative measures into data collection. These might include instruments designed to assess emotional states, cognitive patterns, and personality factors that may be associated with shame. For example, at various points after a shame event, researchers could administer self-report inventories that tap into levels of shame, guilt, anger, depression, self-esteem, locus of evaluation, and locus of control. In addition, repeat measures of participants' attributions for the shame event could help triangulate the present findings, particularly as they relate to shifts in internality, generality, and stability. The assessment of shame-proneness (e.g., through use of the TOSCA; Tangney et al., 1989) could also help tease out the relationship between shame-proneness and recovery processes.

Conclusion

Shame plays a central role in human development and psychosocial functioning. However, it can also have a detrimental impact on mental health. The purpose of this study was to develop a theory that explains how individuals recover from significant experiences of shame, with the ultimate goal of contributing to understanding and counselling practice. However, theories are works in progress.

They are constructions in a particular time and place, shaped through the subjective realties of all individuals directly or indirectly involved in the research process. My hope is that this theory will be wrestled with, revised, refined, and expanded upon by researchers and practitioners with an interest in shame. It will be then that this study will have served the vital purpose of stimulating thinking and generating new lines of inquiry.

REFERENCES

Abramson, L. Y., Seligman, M. E., & Teasdale, J. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87,* 49-74.

Abu-Lughod, L. (1986). *Veiled sentiments: Honor and Poetry in a Bedouin Society.* Berkeley, CA: University of California Press.

Allan, S., Gilbert, P., & Goss, K. (1994). An exploration of shame measures—II: psychopathology. *Personality and Individual Differences, 17,* 719-722.

Andrews, B. (1998). Shame and childhood abuse. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behaviour, psychopathology, and culture* (pp. 176-190). New York: Oxford University Press.

Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The experience of shame scale. *British Journal of Clinical Psychology, 41,* 29-42.

Averill, J. R. (1996). An analysis of psychophysiological symbolism and its influence on theories of emotion. In R. Harré & W. G. Parrott (Eds.), *The emotions: Social, cultural and biological dimensions* (pp. 204-228). London: Sage.

Barrett, K. C. (1995). A functionalist approach to shame and guilt. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 25-63). New York: Guilford.

Baumeister, R. F. (1997). Identity, self-concept, and self-esteem: The self lost and found. In R. Hogan, J. Johnson, & S. Briggs (Eds.), *Handbook of personality* *psychology* (pp. 681-710). San Diego, CA: Academic Press.

Baumeister, R. F. (1998). The self. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *Handbook of social psychology* (4th ed., Vol. 1, pp. 680-740). New York: McGraw-Hill.

Beall, L. (1972). *Shame-Guilt Test.* Berkeley, CA: Wright Institute.

Beck, A. T. (1972). Measuring depression: The depression inventory. In T.A. Williams, M. M. Katz, & J. A. Shields (Eds.), *Recent advances in the psychobiology of the depressive illnesses* (p. 299-302). Washington, DC: Government Printing Office.

Beer, J. S., & Keltner, D. (2004). What is unique about self-conscious emotions? *Psychological Inquiry, 15*(2), 126-129.

Bengtson, V. L., Rice, C. J., & Johnson, M. L. (1999). Are theories of aging important? Models and explanations in gerontology at the turn of the century. In V. L. Bengtson & K. W. Schaie (Eds.), *Handbook of theories of aging* (pp. 3-20). New York: Springer.

Bergner, R. M. (1987). Undoing degradation. *Psychotherapy, 24*(1), 25-30.

Berk, L. E. (1996). *Infants and children: Prenatal through middle childhood* (2nd ed.). Boston: Allan & Bacon.

Blanchard, E. B., Jones-Alexander, J., Buckley, T. C., & Forneris, C. A. (1996). Psychometric properties of the PTSD checklist (PCL). *Behavior and Therapy, 34,* 669-673.

Blumer, H. (1969). *Symbolic interactionism: Perspective and method.* Englewood

Cliffs, NJ: Prentice Hall.

Bogdan, R. C., & Biklen, S. K. (1992). *Qualitative research for education: An introduction to theory and methods* (2nd ed.). Boston: Allyn and Bacon.

Broucek, F. J. (1991). *Shame and the self.* New York: Guilford.

Broucek, F. J. (1997). Shame: Early developmental issues. In M. R. Lansky & A. P. Morrison (Eds.), *The widening scope of shame* (pp. 41-62). Hillsdale, NJ: Analytic Press.

Brown, J. (2004). Shame and domestic violence: Treatment perspectives for perpetrators from self psychology and affect theory. *Sexual and Relationship Therapy, 19*(1), 39-56.

Buss, A. (2001). *Psychological dimensions of the self.* Thousand Oaks, CA: Sage.

Campbell, J. D., Assanand, S., & DiPaula, A. (2000). Structural features of the self-concept and adjustment. In A. Tesser, R. B. Felson, & J. M. Suls (Eds.), *Psychological perspectives on self and identity* (pp. 67-87). Washington, DC: American Psychological Association.

Castonguay, L. G., Goldfried, M. R., Wiser, S. , Raue, P. J., & Hayes, A. M. (1996). Predicting the effect of cognitive therapy for depression: A study of unique and common factors. *Journal of Consulting and Clinical Psychology, 64*(3), 497-504.

Chenitz, W. C., & Swanson, J. M. (1986). Qualitative research using grounded theory. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory* (pp. 3-15). Menlo Park, CA: Addison-Wesley.

Cheung, M. S. P, Gilbert, P., & Irons, C. (2004). An exploration of shame, social rank and rumination in relation to depression. *Personality and Individual Differences, 36*, 1143-1153.

Conger, J. J., & Galambos, N. L. (1997). *Adolescence and youth* (5th ed.). New York: Addison-Wesley.

Cook, D. R. (1987). Measuring shame: The Internalized Shame Scale. *Alcoholism Treatment Quarterly, 4,* 197-215.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Darwin, C. (1998). *The expression of the emotions in man and animals.* New York: Philosophical Library. (Original work published 1872).

Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale—Preliminary report. *Psychopharmacology Bulletin, 9,* 13-28.

Dey, I. (1993). *Qualitative data analysis: A user-friendly guide for social scientists.* London: Routledge.

Dickerson, S. S., & Gruenewald, T. L. (2004). When the social self is threatened: Shame, physiology, and health. *Journal of Personality, 72*(6), 1191-1216.

Dickerson, S. S., & Kemeny, M. E. (2004). Acute stressors and cortisol responses: A theoretical integration and synthesis of laboratory research. *Psychological Bulletin, 130*, 355-391.

Dickerson, S. S., Kemeny, M. E., Aziz, N., Kim, K. H., & Fahey, J. L. (2004).

Immunological effects of induced shame and guilt. *Psychosomatic Medicine, 66*(1), 124-131.

Donnelly, D. A., & Murray, E. J. (1991). Cognitive and emotional changes in written essays and therapy interviews. *Journal of Social and Clinical Psychology, 10*(3), 334-350.

Eaves, Y. D. (2001). A synthesis technique for grounded theory data analysis. *Journal of Advanced Nursing, 35,* 654-663.

Eide, P., & Allen, C. B. (2005). Recruiting transcultural qualitative research participants: A conceptual model. *International Journal of Qualitative Methods, 4*(2), 1-10.

Ekman, P. (1984). Expression and the nature of emotion. In K. R. Scherer & P. Ekman (Eds.), *Approaches to emotion* (pp. 319-343). Hillsdale, NJ: Lawrence Erlbaum.

Ekman, P., Friesen, W. V., & Ancoli, S. (1980). Facial signs of emotional experience. *Journal of Personality and Social Psychology, 39,* 1125-1134.

Erikson, E. H. (1950). *Childhood and society*. New York: Norton.

Erikson, E. H. (1968). *Identity, youth, and crisis*. New York: Norton.

Everall, R. D, Altrows, K. J. & Paulson, B. L. (in press). Creating a future: A study of resilience in suicidal adolescence. *Journal of Counseling and Development*.

Ferguson, T. J., & Stegge, H. (1995). Emotional states and traits in children: The case of guilt and shame. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp.

174-197). New York: Guilford.

Finkelhor, D. (1983). Common features of family abuse. In D. Finkelhor, R. J. Gelles, G. T. Hotaling, & M. A. Straus, *The dark side of families: Current family violence research* (pp 17-28). Beverly Hills, CA: Sage.

Fischer, B. (1987). The process of healing shame. *Alcoholism Treatment Quarterly, 4,* 25-38.

Fischer, K. W., & Tangney, J. P. (1995). Self-conscious emotions and the affect revolution: Framework and overview. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 3-22). New York: Guilford.

Fiske, S. T. (2004). Mind the gap: In praise of informal sources of formal theory. *Personality and Social Psychology Review, 8*(2), 132-137.

Floyd, D. S., & Floyd, W. A. (1985). Bulimia: The secretive cycle of shame/superiority. *Journal of Human Behavior and Learning, 2,* 6-12.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56*(3), 218-226.

Fredrickson, B. L. (2003). The value of positive emotions. *American Scientist, 91*, 330-335.

Fridlund, A. J., & Duchaine, B. (1996). 'Facial expressions of emotion' and the delusion of the hermetic self. In R. Harré & W. G. Parrott (Eds.), *The emotions: Social, cultural and biological dimensions* (pp. 259-284). London:

Sage.

Frijda, N. H. (1988). The laws of emotion. *American Psychologist, 43*, 349-358.

Frijda, N. H. (2000). The psychologists' point of view. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 59-74). New York: Guilford.

Frijda, N. H., & Mesquita, B. (1994). The social roles and functions of emotions. In S. Kitayama & H. R. Markus (Eds.), *Emotion and culture: Empirical studies of mutual influence* (pp. 51-87). Washington, DC: American Psychological Association.

Garfinkel, H. (1957). Conditions of successful degradation ceremonies. *American Journal of Sociology, 63*, 420-424.

Gilbert, P. (1997). The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy. *British Journal of Medical Psychology, 70,* 113-147.

Gilbert, P. (1998). What is shame? Some core issues and controversies. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 3-38). New York: Oxford University Press.

Gilbert, P., & McGuire, M. T. (1998). Shame, status, and social roles: Psychobiology and evolution. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 99-125). New York: Oxford University Press.

Gilbert, P., Pehl, J., & Allan, S. (1994). The phenomenology of shame and guilt: An empirical investigation. *British Journal of Medical Psychology, 67,* 23-36.

Glaser, B. G. (1978). *Theoretical sensitivity.* Mill Valley, CA: Sociology Press.

Glaser, B. G. (1992). *Basics of grounded theory analysis.* Mill Valley, CA: Sociology Press.

Glaser, B. G. (2002). Conceptualization: On theory and theorizing using grounded theory. *Journal of Qualitative Methods, 1*(2). Article 3. Retrieved October 1, 2005 from http://www.ualberta.ca/~ijqm/backissues/1_2Final/html/glaser.html

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* New York: Aldine Publishing.

Goffman, E. (1959). *The presentation of self in everyday life*. New York: Doubleday.

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *Qualitative Report, 8*(4), 597-607. Retrieved September 20, 2005 from http://www.nova.edu /ssss/QR/QR8-4/golafshani.pdf

Greenberg, L. S. (1996). Allowing and accepting of emotional experience. In R. D. Kavanaugh, B. Zimmerberg, & S. Fein (Eds.), *Emotion: Intrerdisciplinary perspectives* (pp. 315-336). Mahwah, NJ: Lawrence Erlbaum.

Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington, DC: American Psychological Association.

Greenberg, L. S., & Paivio, S. C. (1997). *Working with emotions in psychotherapy.* New York: Guildford Press.

Greenberg, L. S., Watson, J. C., & Goldman, R. (1998). Process-experiential therapy of depression. In L. S. Greenberg, J. C. Watson, & G. Lietaer (Eds.), *Handbook of experiential psychotherapy* (pp. 227-248). New York: Guildford Press.

Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology, 2,* 271-299.

Gruenewald, T. L., Kememy, M. E., Aziz, N., & Fahey, J. L. (2004). Acute threat to the social self: Shame, social self-esteem, and cortisol activity. *Psychosomatic Medicine, 66,* 915-924.

Ha, F. I. (1995). Shame in Asian and western cultures. *American Behavioral Scientist, 38,* 1114-1131.

Haig, B. D. (1996). Grounded theory as scientific method. *Philosophy of Education 1995: Current Issues* (pp. 281-290). Urbana, IL: University of Illinois Press.

Harder, D. W. (1995). Shame and guilt assessment, and relationships of shame- and guilt-proneness to psychopathology. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 368-392). New York: Guilford.

Harder, D. W., Cutler, L., & Rockart, L. (1992). Assessment of shame and guilt and their relationships to psychopathology. *Journal of Personality Assessment, 59,* 584-604.

Harder, D. W., & Zalma, A. (1990). Two promising shame and guilt scales: A construct validity comparison. *Journal of Personality Assessment, 55,* 729-745.

Harper, J. M., & Hoopes, M. H. (1990). *Uncovering shame: An approach integrating individuals and their family systems.* New York: Norton.

Harré, R. (1986). An outline of the social constructionist viewpoint. In R. Harré (Ed.), *The social construction of emotions.* Oxford, UK: Basil Blackwell.

Harrington, C. L. (1992). Talk about embarrassment, exploring the taboo-repression-denial hypothesis. *Symbolic Interaction, 15,* 203-225.

Hassan, R. (1995). *Suicide explained.* Victoria, Australia: Melbourne University Press.

Hastings, M. E., Northman, L. M., & Tangney, J. P. (2000). Shame, guilt, and suicide. In T. Joiner & M. D. Rudd (Eds.), *Suicide science: Expanding the boundaries* (pp. 67-79). Boston: Bluwer Academic Press.

Haviland-Jones, J. M., & Kahlbaugh, P. (2000). Emotion and identity. In M. Lewis & J. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 293-305). New York: Guilford.

Higgins, E. T. (2004). Making a theory useful: Lessons handed down. *Personality and Social Psychology*, 8(2), 138-145.

Hoblitzelle, W. (1987). Differentiating and measuring shame and guilt: The relation between shame and depression. In H. B. Lewis (Ed.), *The role of shame in symptom formation* (pp. 207-235). Hillsdale, NJ: Lawrence Erlbaum.

Howe, K. & Moses, M. (1999). "Ethics in educational research." In A. Iran-Nejad & P. D. Pearson (Eds.), *Review of Research in Education* (Vol. 24, pp. 21-59). Washington, D.C.: American Educational Research Association.

Izard, C. E. (1971). *The face of emotion.* New York: Appleton-Century-Crofts.

Izard, C. E. (1977). *Human emotions.* New York: Plenum.

Izard, C. E. (1991). *The psychology of emotions.* New York: Plenum.

James, W. (1950). *The principles of psychology.* New York: Dover Publications. (Original work published 1890).

Katz, J. (1997). The elements of shame. In M. R. Lansky & A. P. Morrison (Eds.), *The widening scope of shame* (pp. 231-260). Hillsdale, NJ: Analytic Press.

Kaufman, G. (1989). *The psychology of shame: Theory and treatment of shame-based syndromes.* New York: Springer.

Kavanaugh, R. D., Zimmerberg, B., & Fein, S. (Eds.) (1996). *Emotion: Interdisciplinary perspectives.* Mahwah, NJ: Lawrence Erlbaum.

Kelly, A. E., & McKillop, K. J. (1996). Consequences of revealing personal secrets. *Psychological Bulletin, 120*(3), 450-465.

Keltner, D. (1995). Signs of appeasement: Evidence for the distinct displays of embarrassment, amusement, and shame. *Journal of Personality and Social Psychology, 68,* 441-454.

Keltner, D., & Buswell, B. N. (1996). Evidence for the distinctness of embarrassment, shame, and guilt: A study of recalled antecedents and facial expressions of emotion. *Cognition and Emotion, 10,* 155-171.

Keltner, D., & Ekman, P. (2000). Facial expression of emotion. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 237-264). New York: Guilford.

Kememy, M. E., Gruenewald, T. L., & Dickerson, S. S. (2004). Shame as the emotional response to the social self: Implications for behaviour, physiology, and health. *Psychological Inquiry, 15* (2), 153-160.

Kitayama, S., Markus, H. R., & Matsumoto, H. (1995). Culture, self, and emotion: A cultural perspective on "self-conscious emotions." In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 439-464). New York: Guilford.

Klein, D. C. (1991). The humiliation dynamic: An overview. *Journal of Primary Prevention, 12*, 93-121.

Kowalski, R. M. (1999). Speaking the unspeakable: Self-disclosure and mental health. In R. M. Kowalski & M. R. Leary (Eds.), *The social psychology of emotional and behavioral problems: Interfaces of social and clinical psychology* (pp. 225-247). Washington, DC: American Psychological Association.

Lansky, M. R. (1987). Shame and domestic violence. In D. L. Nathanson (Ed.) *The many faces of shame* (pp. 335-362), New York: Guilford.

Lazarus, R. S. (1991). *Emotion and adaptation.* New York: Oxford University Press.

Leary, M. R. (2003). The self and emotion: The role of self-reflection in the generation and regulation of affective experience. In R. J. Davidson, K. R. Scherer, & H. H. Goldsmith (Eds.), *Handbook of affective sciences* (pp. 773-786). New York: Oxford University Press.

Leary, M. R. (2004). Digging deeper: The fundamental nature of "self-conscious" emotions. *Psychological Inquiry, 15*(2), 129-131.

Leary, M. R., & Tangney, J. P. (2003). The self as an organizing construct in the behavioural and social sciences. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 3-14). New York: Guildford Press.

Lee, D. A., Scragg, P., & Turner, S. (2001). The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD. *British Journal of Medical Psychology, 74,* 451-466.

Leskela, J., Dieperink, M., & Thuras, P. (2002). Shame and posttraumatic stress disorder. *Journal of Traumatic Stress, 15,* 223-226.

Lester, D. (1998). The association of shame and guilt with suicidality. *Journal of Social Psychology, 138,* 535-536.

Levitsky, A., & Perls, F. (1970). The rules and games of Gestalt therapy. In. J. Fagan & I. Shepherd (Eds.), *Gestalt therapy now* (pp. 140-149). New York: Harper & Row.

Lewin, K. (1951). *Field theory in social science*. New York: Harper & Row.

Lewis, H. B. (1971). *Shame and guilt in neurosis.* New York: International Universities Press.

Lewis, H. B. (1987a). The role of shame in depression over the life span. In M. R. Lansky & A. P. Morrison (Eds.), *The widening scope of shame* (pp. 29-50). Hillsdale, NJ: Analytic Press.

Lewis, H. B. (1987b). Shame and the narcissistic personality. In D. L. Nathanson (Ed.) *The many faces of shame* (pp. 93-132), New York: Guilford.

Lewis, H. B. (1987c). Introduction: Shame—the 'sleeper' in psychopathology. In H. B. Lewis (Ed.), *The role of shame in symptom formation* (pp. 1-28). Hillsdale, NJ: Lawrence Erlbaum.

Lewis, M. (1992). *Shame: The exposed self.* New York: Free Press.

Lewis, M. (1995). Embarrassment: The emotion of self-exposure and evaluation. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 198-218). New York: Guilford.

Lewis, M. (2000). The emergence of human emotions. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2nd ed., pp. 265-280). New York: Guilford.

Lewis, M., & Ramsay, D. (2002). Cortisol response to embarrassment and shame. *Child Development, 73*(4), 1034-1045.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Beverly Hills, CA: Sage.

Lindsay-Hartz, J. (1984). Contrasting experiences of shame and guilt. *American Behavioral Scientist, 27,* 689-704.

Lindsay-Hartz, J., de Rivera, J., & Mascolo, M. F. (1995). Differentiating guilt and shame and their effects on motivation. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 274-300). New York: Guilford.

Luthar, S. S., Ciccetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71,* 543-562.

Mandler, G. (1984). *Mind and body: Psychology of emotion and stress.* New York: Norton.

Markus, H. R., & Kitayama, S. (1994). The cultural construction of self and emotion: Implications for social behaviour. In S. Kitayama & M. R. Markus (Eds.), *Emotion and culture: Empirical studies of mutual influence* (pp. 89-130). Washington, DC: American Psychological Association.

Maxwell, J. A. (1992). Understanding and validity in qualitative research. *Harvard Educational Review, 62,* 279-300.

Maxwell, J. A. (1996). *Qualitative research design: An interactive approach.* Thousand Oaks, CA: Sage.

McLeod, J. (2001). *Qualitative research in counselling and psychotherapy.* London: Sage.

Mead, G. H. (1972). *Mind, self, and society: From the standpoint of a social behaviorist.* Chicago: University of Chicago Press. (Original work published 1934).

Menon, U., & Shweder, R. A. (1994). Kali's tongue: Cultural psychology and the power of shame is Orissa, India. In S. Kitayama & H. R. Markus (Eds.), *Emotion and culture: Empirical studies of mutual* influence (pp. 241-284). Washington, DC: American Psychological Association.

Mesquita, B., & Frijda, N. H. (1992). Cultural variations in emotions: A review. *Psychological Bulletin, 112,* 179-204.

Mesquita, B., & Frijda, N. H., & Scherer, K. R. (1997). Culture and emotion. In J. W.

Berry, P. R. Dasen, & T. S. Saraswathi (Eds.), *Handbook of cross-cultural psychology: Basic processes and human development* (Vol. 2, 2nd ed., pp. 255-297). Boston: Allyn & Bacon.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.

Miller, S. B. (1988). Humiliation and shame: Comparing two affect states as indicators of narcissistic stress. *Bulletin of the Menninger Clinic, 52*, 40-51.

Miller, S. B. (1996). *Shame in context.* Hillsdale, NJ: Analytic Press.

Milligan, R. J., & Andrews, B. (2005). Suicidal and other self-harming behaviour in offender women: The role of shame, anger and childhood abuse. *Legal and Criminological Psychology, 10*(1), 13-25.

Mischel, W., & Morf, C. C. (2003). The self as a psycho-social dynamic processing system: A meta-perspective on a century of self psychology. In M. E. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 15-43). New York: Guildford Press.

Mokros, H. B. (1995). Suicide and shame. *American Behavioral Scientist, 38,* 1091-1103.

Morrison, A. P. (1987). The eye turned inward: Shame and the self. In D. L. Nathanson (Ed.) *The many faces of shame* (pp. 271-291), New York: Guilford.

Morse, J. M. (1994). “Emerging from the data”: The cognitive processes of analysis in qualitative inquiry. In J. M. Morse (Ed.), *Critical issues in qualitative* *research methods* (pp. 23-43).

Muhr, T. (2003). *User's Manual for ATLAS.ti 5.0.* Berlin, Germany: Scientific Software Development.

Murray, E. J., Lamnin, A. D., & Carver, C. S. (1989). Emotional expression in written essays and psychotherapy. *Journal of Social and Clinical Psychology, 8*(4), 414-429.

Murray, E. J., & Segal, D. L. (1994). Emotional processing in vocal and written expression of feelings about traumatic experiences. *Journal of Traumatic Stress, 7*(3), 391-495.

Nathanson, D. L. (1987). A timetable for shame. In D. L. Nathanson (Ed.) *The many faces of shame* (pp. 1-63). New York: Guilford.

Nathanson, D. L. (1992). *Shame and pride: Affect, sex, and the birth of self.* New York: Norton.

Niedenthal, P. M., Tangney, J. P., & Gavanski, I. (1994). "If only I weren't versus "If only I hadn't": Distinguishing shame and guilt in counterfactual thinking. *Journal of Personality and Social Psychology, 67,* 585-595.

Oatley, K. (1999). Foreword. In T. Dalgleish & M. Power (Eds.), *Handbook of cognition and emotion* (pp. xvii-xviii). Chinchester, UK: Wiley.

O'Connor, L. E., & Berry, J. W., & Weiss, J. (1999). Interpersonal guilt, shame, and psychological problems. *Journal of Social and Clinical Psychology, 18*(2), 181-203.

Ortony, A., & Turner, T. J. (1990). What's basic about basic emotions? *Psychological*

Review, 97, 315-331.

Parrott, W. G. (2001) (Ed.). *Emotions in social psychology.* Philadelphia: Psychology Press.

Pennebaker, J. W. (1997). *Opening up: the healing powers of confiding in others* (Rev. ed.). New York: Guilford.

Pennebaker, J. W., & Beall, S. K. (1986). Confronting a traumatic event: Toward an understanding of inhibition and disease. *Journal of Abnormal Psychology, 95*(3), 274-281.

Pennebaker, J. W., Kiecolt-Glaser, J. K., & Glaser, R. (1988). Disclosure of traumas and immune function: Health implications for psychotherapy. *Journal of Consulting and Clinical Psychology, 56* (2), 239-245.

Perls, F. (1969). *Gestalt therapy verbatim.* Moab, UT: Real People Press.

Pines, M. (1995). The universality of shame: A psychoanalytic approach. *British Journal of Psychotherapy, 11,* 346-357.

Plutchik, R. (1980). *Emotion: A psychoevolutionary synthesis.* New York: Harper & Row.

Plutchik, R. (1989). Measuring emotions and their derivatives. In R. Plutchik & H. Kellerman (Eds.), *Emotion: Theory, research, and experience. Vol. 4: The measurement of emotions* (pp. 1-35). San Diego, CA: Academic Press.

Potter-Efron, P. S., & Potter-Efron, R. T. (1999). *The secret message of shame: Pathways to hope and healing.* Oakland, CA: New Harbinger.

Rennie, D. L., Phillips, J. R., & Quartaro, J. K. (1988). Grounded theory: A promising approach for conceptualization in psychology? *Canadian Psychology, 29,* 139-150.

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58*(3), 307-321.

Richardson, G. E., Neiger, B. L., Jensen, S., & Kumpfer, K. L. (1990). The resiliency model. *Health Education, 21,* 33-39.

Richman, J. M., & Fraser, M. W. (2001). Resilience in childhood: The role of risk and protection. In J. M. Richman & M. W. Fraser (Eds.), *The context of youth violence: Resilience, risk, and protection* (pp. 1-12). Westport, CT: Praeger.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95-103.

Rogers, C. R. (1961). *On becoming a person.* New York: Houghton Mifflin.

Roisman, G. L. (2005). Conceptual clarifications in the study of resilience. *American Psychologist, 60*(3), 264-265.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57,* 316-331.

Rutter, M. (2001). Psychosocial adversity: Risk, resilience and recovery. In J. M. Richman & M. W. Fraser (Eds.), *The context of youth violence: Resilience, risk, and protection* (pp. 13-41). Westport, CT: Praeger.

Schachter, S., & Singer, J. E. (1962). Cognitive, social, and physiological determinants of emotional state. *Psychological Review, 69,* 379-399.

Scheff, T. J. (1997a). *Emotions, the social bond, and human reality.* Cambridge, UK:

Cambridge University Press.

Scheff, T. J. (1997b). Shame in social theory. In M. R. Lansky & A. P. Morrison (Eds.), *The widening scope of shame* (pp. 205-230). Hillsdale, NJ: Analytic Press.

Scheff, T. J. (2001). Shame and community: Social components in depression. *Psychiatry, 64,* 212-224.

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development.* Hillsdale, NJ: Lawrence Erlbaum.

Schore, A. N. (1996). The experience-dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology. *Development and Psychopathology, 8,* 59-87.

Schore, A. N. (1998). Early shame experiences and infant brain development. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behaviour, psychopathology, and culture* (pp. 57-77). New York: Oxford University Press.

Sedikides, C., & Skowronski, J. J. (2000). On the evolutionary functions of the symbolic self: The emergence of self-evaluation motives. In A. Tesser, R. B. Felson, & J. M. Suls (Eds.), *Psychological perspectives on self and identity* (pp. 91-117). Washington, DC: American Psychological Association.

Seligman, M. E. P., Abramson, L. Y., Semmel, A., & von Baeyer, C. (1979). Depressive attributional style. *Journal of Abnormal Psychology, 88,* 242-247.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*, 63-75.

Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience.* New York: Guilford.

Smith, C. A., & Lazarus, R. S. (1993). Appraisal components, core relational themes, and the emotions. *Cognition and Emotion, 7*, 295-323.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). *Manual for the State-Trait Anxiety Inventory.* Palo Alto: CA: Consulting Psychologists Press.

Sroufe, L. A. (1984). The organization of emotional development. In K. R. Scherer & P. Ekman (Eds.), *Approaches to emotion* (pp. 109-128). Hillsdale, NJ: Lawrence Erlbaum.

Stets, J. E. (2004). Emotions in identity theory: The effect of status. In J. Turner (Ed.), *Theory and research on human emotions* (Vol. 21, pp. 51-76). Amsterdam, Netherlands: Elsevier.

Stets, J. E., & Burke, P. J. (2003). A sociological approach to self and identity. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 128-152). New York: Guildford Press.

Stone, A. M. (1992). The role of shame in post-traumatic stress disorder. *American Journal of Orthopsychiatry, 62*, 131-136.

Strauss, A. (1987). *Qualitative analysis for social scientists.* Cambridge, UK: University of Cambridge Press.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA:

Sage.

Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*, 197-224.

Stryker, S. (2004). Integrating emotion into identity theory. In J. Turner (Ed.), *Theory and research on human emotions* (Vol. 21, pp. 1-23). Amsterdam, Netherlands: Elsevier.

Tangney, J. P. (1995). Shame and guilt in interpersonal relationships. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 114-139). New York: Guilford.

Tangney, J. P., Burggraf, S. A., Hamme, H., & Domingos, B. (1988). *The Self-Conscious Affect and Attribution Inventory (SCAII).* Bryn Mawr College, Bryn Mawr, PA.

Tangney, J. P., Burggraf, S. A., & Wagner, P. E. (1995). Shame-proneness, guilt-proneness, and psychological symptoms. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 343-367). New York: Guilford.

Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt.* New York: Guilford.

Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology, 70,* 1256-1269.

Tangney, J. P., Niedenthal, P. M., Covert, M. V., & Barlow, D. H. (1998). Are shame and guilt related to distinct self-discrepancies? A test of Higgins' (1987) hypothesis. *Journal of Personality and Social Psychology, 75*, 256-268.

Tangney, J. P., Wagner, P. E., & Gramzow, R. (1989). *The Test of Self-Conscious Affect (TOSCA).* George Mason University, Fairfax, VA.

Tangney, J. P., Wagner, P., & Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology, 101*(3), 469-478.

Tantam, D. (1998). The emotional disorders of shame. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behaviour, psychopathology, and culture* (pp. 161-175). New York: Oxford University Press.

Tomkins, S. S. (1962). *Affect/imagery/consciousness: Vol. 1. The positive affects.* New York: Springer.

Tomkins, S. S. (1963). *Affect/imagery/consciousness: Vol. 2. The negative affects.* New York: Springer.

Tomkins, S. S. (1987). Shame. In D. L. Nathanson (Ed.), *The many faces of shame* (pp. 133-161). New York: Guilford.

Tracy, J. L., & Robins, R. W. (2004). Putting the self into self-conscious emotions: A theoretical model. *Psychological Inquiry, 15*(2), 103-125.

Trevarthen, C. (1984). Emotions in infancy: Regulators of contact and relationships with persons. In K. R. Scherer & P. Ekman (Eds.), *Approaches to emotion* (pp. 129-157). Hillsdale, NJ: Lawrence Erlbaum.

Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of*

Personality and Social Psychology, 86(2), 320-333.

van der Kolk, B. A., & McFarlane, A. C. (1996). The black hole of trauma. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 3-23). New York: Guilford.

Wallbott, H. G., & Scherer, K. R. (1995). Cultural determinants in experiencing shame and guilt. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 465-487). New York: Guilford.

Watson, J. C., Gordon, L. B., Stermac, L., Kalogerakos, F., & Steckley, P. (2003). Comparing the effectiveness of process-experiential with cognitive-behavioral psychotherapy in the treatment of depression. *Journal of Consulting and Clinical Psychology, 71*(4), 773-781.

Whelton, W. J. (2004). Emotional processes in psychotherapy: Evidence across therapeutic modalities. *Clinical Psychology and Psychotherapy, 11*, 58-71.

Whelton, W. J., & Greenberg, L. S. (2005). Emotion in self-criticism. *Personality and Individual Differences, 38*, 1583-1595.

Whissell, C. M. (1989). The dictionary of affect in language. In R. Plutchik & H. Kellerman (Eds.), *Emotion: Theory, research, and experience. Vol. 4: The measurement of emotion* (pp. 187-203). San Diego, CA: Academic Press.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

Wiklander, M., & Samuelsson, M. (2003). Shame reactions after suicide attempt. *Scandinavian Journal of Caring Sciences, 17*, 293-300.

Williams, M. B., & Poijula, S. (2002). *The PTSD workbook.* Oakland, CA: New Harbinger Publications.

Worrell, J., & Remer, P. (1992). *Feminist perspectives in therapy: an empowerment model for women*. New York: Riley.

Wright, F. (1987). Men, shame, and antisocial behaviour: A psychodynamic perspective. *Group, 11*, 238-246.

Wurmser, L. (1987). Shame: The veiled companion of narcissism. In D. L. Nathanson (Ed.), *The many faces of shame* (pp. 64-92). New York: Guilford.

Zung, W. (1965). A self-rating depression scale. *Archives of General Psychology, 12,* 63-70.

APPENDIX A: STUDY INFORMATION SHEET

Research Study Title:

THE PROCESS OF OVERCOMING SHAME

Researcher: K. Jessica Altrows, Ph.D. Candidate,
Department of Educational Psychology, University of Alberta,

Supervisor: Dr. Barbara Paulson, Professor of Counselling Psychology
Department of Educational Psychology, University of Alberta

You are being invited to participate in a research study that I am conducting for my doctoral thesis at the University of Alberta. The purpose of this study is to gain insight into how individuals cope with and overcome experiences of shame. It is expected that the results of the study will contribute to an understanding of shame and the healing process and provide mental health professionals with information helpful in assisting individuals struggling with the effects of shame.

As a participant, you will be asked to discuss a situation or event where you experienced shame, how you coped with or overcame the shame, and what helped or hindered you in the healing process. You will be interviewed at least once, with each interview being audiotaped and transcribed. While interview lengths will vary, the average length will be 1 to 2 hours. In addition, you will be invited to write down any recollections and reflections that come to mind about the shame experience prior to the initial interview, after the interview, and at any time during the study. The written entries will then be used as part of data analysis. Prior to the first interview, you will also be asked to complete a demographic information sheet.

All information will be strictly confidential and will be stored in a locked filing cabinet. To protect your anonymity, files will be identified by code only and all identifying information (e.g., names of persons and places) will be removed from the interview transcripts and written material. Pseudonyms (i.e., false names) will also be used in place of your real name.

Your involvement in the study is completely voluntary. At any time, you can refuse to answer questions and/or discuss any topic(s) during interviews and conversations, can withdraw any of your statements and written material, or can withdraw entirely from the study without explanation or penalty. If you choose to withdraw from the study, all information about you and any data that you provide will be destroyed. Prior to your participation and throughout the project, you will have the opportunity to ask questions about this study. You may also contact the researcher and/or research supervisor indicated above if you have any questions or concerns regarding the project. Because participation in the project may bring up uncomfortable feelings for you, any emotional discomfort that you may experience as a result of participation will be discussed with the researcher, and appropriate referrals to counselling services will be made if necessary.

The information that you share will be used for research and educational purposes only and may be included in my doctoral thesis, scholarly publications, and presentations. All uses of the research data will be in compliance with University of Alberta Standards as described in the *University of Alberta Standards for the Protection of Human Research Participants* (document available at http://www.ualberta.ca/~unisecr/policy/sec66.html). There is no financial compensation for participating in this research. However, it is hoped that you will find your involvement in this project meaningful and worthwhile. The research findings will be available upon completion of the study.

If you are interested in participating in this study, please contact Jessica Altrows at (780) 434-9500 or e-mail me at Your calls, e-mail, and participation in the study will be strictly confidential.

This study has been reviewed and approved by the Faculties of Education and Extension Research Ethics Board (EE REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EE REB at (780) 492-3751.

APPENDIX B: INFORMED CONSENT FORM

Research Study Title:

THE PROCESS OF OVERCOMING SHAME

Researcher: K. Jessica Altrows, Ph.D. Candidate,
Department of Educational Psychology, University of Alberta,

Supervisor: Dr. Barbara Paulson, Professor of Counselling Psychology
Department of Educational Psychology, University of Alberta

The present study is being conducted as a doctoral thesis by Jessica Altrows, under the supervision of Dr. Barbara Paulson of the Department of Educational Psychology at the University of Alberta. The purpose of this study is to gain insight into how individuals cope with and overcome experiences of shame. It is expected that the results of the study will contribute to an understanding of shame and the healing process and provide mental health professionals with information helpful in assisting individuals struggling with the effects of shame.

As a participant, you will be asked to discuss a situation or event where you experienced shame, how you coped with or overcame the shame, and what helped or hindered you in the healing process. You will be interviewed at least once, with each interview being audiotaped and transcribed, and with interviews being held at the University of Alberta Education Clinic or at a location convenient to you. While interview lengths will vary, the average length will be 1 to 2 hours. You will be asked to read the interview transcripts and elaborate upon your descriptions and perspectives in a follow-up meeting. You will also be contacted to review the results so that interpretations and understandings may be shared and discussed. In addition, you will be invited to write down any recollections and reflections that come to mind about the shame experience prior to the initial interview, after the interview, and at any time during the study. The written entries will then be used as part of data analysis. Prior to the first interview, you will also be asked to complete a demographic information sheet.

All information will be strictly confidential and will be stored in a locked filing cabinet. To protect your anonymity, files will be identified by code only and all identifying information (e.g., names of persons and places) will be removed from the interview transcripts and written material. Pseudonyms (i.e., false names) will also be used in place of your real name.

Your involvement in the study is completely voluntary. At any time, you can refuse to answer questions and/or discuss any topic(s) during interviews and conversations, can withdraw any of your statements and written material, or can withdraw entirely from the study without explanation or penalty. If you choose to withdraw from the study, all information about you and any data that you provide will be destroyed. Prior to participation and throughout the project, you will have the opportunity to ask questions about this study. You may also contact the researcher and/or research supervisor indicated above if you have any questions or concerns regarding the project. Because participation in the project may bring up uncomfortable feelings for you, any emotional discomfort that you may experience as a result of participation will be discussed with the researcher, and appropriate referrals to counselling services will be made if necessary.

The information that you share will be used for research and educational purposes only and may be included in my doctoral thesis, scholarly publications, and presentations. All uses of the research data will be in compliance with University of Alberta Standards as described in the *University of Alberta Standards for the Protection of Human Research Participants* (document available at http://www.ualberta.ca/~unisecr/policy/sec66.html). There is no financial compensation for participating in this research. However, it is hoped that you will find your involvement in this project meaningful and worthwhile. The research findings will be available upon completion of the study.

THIS IS TO CERTIFY THAT I, ______________________________, have read (or have been read) and fully understand the above consent form. I have been given the opportunity to ask whatever questions I desire, and all such questions have been answered to my satisfaction. I hereby give my consent to participate in this research study. I am aware that my participation is voluntary and that I can withdraw my participation at any time without explanation or penalty.

______________________________ (Participant's Signature)

______________________________ (Date)

______________________________ (Researcher's Signature)

This study has been reviewed and approved by the Faculties of Education and Extension Research Ethics Board (EE REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EE REB at (780) 492-3751.

APPENDIX C: PARTICIPANT INFORMATION SHEET

Participant Pseudonym: ____________________ Today's Date: ________________

Date of Birth: ________________ Gender (F/M): ______

Relationship Status (please circle one):

(a) Single
(b) Married/Common-Law
(c) Separated/Divorced
(d) Other (please specify) ________________

Number of Children: ____

Present Living Situation (please circle one):

(a) Live on my own
(b) Live with partner and/or children
(c) Live with parent(s)
(d) Live in shared accommodations
(e) Other (please specify) ________________

Ethnic/Cultural Background: ______________________

Religion: ______________________

Highest level of Education (please circle one):

(a) Partial high school
(b) High school diploma/GED
(c) Partial college/University
(d) Undergraduate degree
(e) Partial graduate school
(f) Graduate degree
(g) Other (please specify) ________________

Employment Status (please circle one):

(a) Not employed
(b) Part-time employment
(c) Full-time employment
(d) Self-employed
(e) Full-time student
(f) Other (please specify) ________________

Job/Occupation: ________________________________

How long ago did the shame experience occur (in yrs. and mos.)? : ________________

On a scale of 1 to 10, with 1 = "no shame at all" and 10 = "the most shame there could be," how much shame did you feel as a result of the experience? __________ How much shame do you feel about the experience **now**? __________

Did you receive any therapy at the time of the experience? YES _____ NO _____

If YES: What kind of therapy? ____________________
Duration of therapy (in yrs. and mos.) ________________

Are you currently participating in therapy? YES _____ NO _____

If YES: What kind of therapy? ____________________

APPENDIX D: SAMPLE INTERVIEW QUESTIONS

- Please describe the specific situation or event in as much detail as you can.
  e.g. What happened?
  How long ago did it happen?
  What was the context of the event or the history leading up to the event?

- What was the experience like for you at the time?
  e.g. What were your thoughts, feelings, physical sensations, impulses at the time?
  What did you say and do at the time?
  What did others say and do?

- What about the situation made you feel shame?

- What impact did the situation or event have on you?

- How did you experience the shame over time, after the actual event?
  e.g. How often did you feel the shame afterwards?
  What were some of your thoughts, feelings, sensations, behaviours, etc. related to the shame over time?

- Would you say that you've overcome or healed from the shame? If so, what tells you that you've overcome or healed from it?

- How did you cope with or heal from the shame?

- What helped to lessen or heal the shame?

- What didn't help, or what made the shame worse?

- Looking back, how would you say your experience of shame affected you?